Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main

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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:             | Identify Yourself   |                            |   |
|---------------------|---|----------------------------|---|
|                     |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your f           | full name   |                            |   |
| govern<br>identific | he name that is on your<br>ment-issued picture<br>cation (for example,<br>iver's license or | Syreeta<br>First name      | First name                                    |
| passpo              |   | Middle name                | Middle name                                   |
| Bring v             | our picture   | Hartley                    |   |
| identific           | cation to your meeting e trustee.   | Last name                  | Last name                                     |
|                     |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All oth          | ner names you   |                            |   |
| have u<br>years     | used in the last 8  | First name                 | First name                                    |
|                     | e your married or<br>n names.   | Middle name                | Middle name                                   |
|                     |   | Last name                  | Last name                                     |
|                     |   | First name                 | First name                                    |
|                     |   | Middle name                | Middle name                                   |
|                     |   | Last name                  | Last name                                     |
| your S              | he last 4 digits of<br>Social Security  | XXX - XX - 9686            | XXX - XX                                      |
| Individ             | er or federal<br>lual Taxpayer<br>ication number  | OR                         | OR  |
| iueilill            | ioadon number   | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |

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Case Number (if known)

Middle Name **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Any business names I have not used any business names or EINs. and Employer I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in Business name Business name the last 8 years Include trade names and Business name Business name doing business as names EIN EIN Where you live If Debtor 2 lives at a different address: 3839 canterbury ct Number Street Number Street Unit GB Richton Park IL 60471 City State ZIP Code City ZIP Code COOK County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send the one above, fill it in here. Note that the court any notices to you at this mailing address. will send any notices this mailing address. Number Number Street Street P.O. Box P.O. Box ZIP Code City State City State ZIP Code Check one: Check one: Why you are choosing this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy. I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. have another reason. Explain. I have another reason. Explain. See 28 U.S.C. § 1408 (See 28 U.S.C. § 1408

Syreeta

Debtor 1

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Case Number (if known)

|     | First Name   | Middle Name   |  | Last Name   |   |  |   |  |
|-----|--|---|--|---|---|--|---|--|
| Pa  | Tell the Court About You                               | ır Bankruptcy   | Case   |   |   |  |   |  |
| 7.  | The chapter of the<br>Bankruptcy Code you              | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |   |   |  |   |  |
|     | are choosing to file                                   | ■ Chap  | ■ Chapter 7                                    |   |   |  |   |  |
|     | under  | ☐ Chapter 11  |  |   |   |  |   |  |
|     |  | Chap  |  |   |   |  |   |  |
|     |  | ☐ Chap  |  |   |   |  |   |  |
| 8.  | How you will pay the fee                               | local<br>yours<br>subn  | court for mor<br>self, you may                 | re details about<br>pay with cash,<br>ayment on your              | how you may<br>cashier's chec                 | Please check with the clerk's pay. Typically, if you are payin k, or money order. If your attottorney may pay with a credit c  | g the fee<br>rney is  |  |
|     |  |   |  |   | -   | oose this option, sign and attac   |   |  |
|     |  | Appli   | cation for Inc                                 | dividuals to Pay  | The Filing Fee                                | e in Installments (Official Form   | 103A).  |  |
|     |  | By la<br>less<br>pay t  | w, a judge m<br>than 150% of<br>he fee in inst | ay, but is not real<br>the official pove<br>allments). If you     | quired to, waiverty line that a choose this c | est this option only if you are five your fee, and may do so onle pplies to your family size and youton, you must fill out the <i>App</i> B) and file it with your petition. | y if your income is<br>you are unable to<br>plication to Have the |  |
| 9.  | Have you filed for bankruptcy within the last 8 years? | ☐ No  |  |   |   |  |   |  |
|     |  | Yes.  | District NDI                                   | L   | When  | 04/12/2012 Case Number   | 12-14874  |  |
|     |  |   |  |   |   |  |   |  |
|     |  |   | District NDI                                   | <u>L</u>  | When  | 02/05/2014 Case Number   | 14-03650  |  |
|     |  |   |  |   |   | MINIT DD7 1111   |   |  |
|     |  |   | District                                       |   | When  | Case Number<br>MM / DD / YYYY  |   |  |
| 10. | Are any bankruptcy                                     | ■ No  |  |   |   |  |   |  |
|     | cases pending or being filed by a spouse who is        | Пу  | 5  |   |   | <b>5</b>   |   |  |
|     | not filing this case with                              | ☐ Yes.  |  |   |   | Relationship to you _<br>Case Number, if kr  |   |  |
|     | you, or by a business parter, or by affiliate?         |   |  |   |   | MM / DD / YYYY   |   |  |
|     |  |   | Debtor   |   |   | Relationship to you _  |   |  |
|     |  |   | District                                       |   | When  | Case Number, if kr   | own   |  |
|     |  |   |  |   |   | WINN DD7 TTTT  |   |  |
| 11. | Do you rent your residence?                            | □ No.<br>■ Yes.   | Go to line 12<br>Has your lan<br>residence?    |   | eviction judgme                               | nt against you and do you want to  | stay in your  |  |
|     |  |   | ☐ Yes. Fi                                      | to line 12.<br>Il out <i>Initial Staten</i><br>nkruptcy petition. | nent About an E                               | viction Judgment Against You (Fo   | rm 101A) and file it with   |  |

Syreeta

Debtor 1

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Case Number (if known)

| 12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a |  | ■ No.<br>□ Yes. | Go to Part 4.<br>Name and location of l          | business                                |                |  |  |
|---|--|-----------------|--|---|----------------|--|--|
|   | business you operate as an individual, and is not a separate legal entity such as  |                 | Name of business, if any                         |   |                |  |  |
| LLC. If you have mor sole proprietors separate sheed  | a corporation, partnerhsip, or<br>LLC.  If you have more than one<br>sole proprietorship, use a<br>separate sheed and attach it<br>to this petition. |                 | Number Street                                    |   |                |  |  |
|   | to and poulon.   |                 | City   |   | State Zip Code |  |  |
|   |  |                 | Check the appropriate                            | box to describe your business:          |                |  |  |
|   |  |                 | ☐ Health Care Bus                                | iness (as defined in 11 U.S.C. § 101(2  | 7A))           |  |  |
|   |  |                 | ☐ Single Asset Rea                               | al Estate (as defined in 11 U.S.C. § 10 | (51B))         |  |  |
|   |  |                 | ☐ Stockbroker (as                                | defined in 11 U.S.C. § 101(53A))        |                |  |  |
|   |  |                 | ☐ Commodity Brok                                 | er (as defined in 11 U.S.C. § 101(6))   |                |  |  |
|   |  |                 | ☐ None of the above                              | /e                                      |                |  |  |
|   | For a definition of small business debtor, see 11 U.S.C. § 101(51D).   | _               | the Bankruptcy Code.                             | 11, but I am NOT a small business de    | -              |  |  |
| Par   | Report if You Own or Hav   | e Any Hazard    | lous Property or Any Prop                        | perty That Needs Immediate Attention    |                |  |  |
|   |  |                 |  | •                                       |                |  |  |
| 14.   | Do you own or have any property that poses or is   | No.             |  |   |                |  |  |
|   | alleged to pose a threat of imminent and   | Yes.            | What is the hazard?                              |   |                |  |  |
|   | indentifiable hazard to  |                 |  |   |                |  |  |
|   | public health or safety?   |                 |  |   |                |  |  |
|   | Or do you own any property that needs immediate attention?   |                 | If immediate attention is                        | needed, why is it needed?               |                |  |  |
|   | Or do you own any property that needs  |                 | If immediate attention is                        | needed, why is it needed?               |                |  |  |
|   | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building    |                 | If immediate attention is Where is the property? |   |                |  |  |
|   | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building    |                 |  |   |                |  |  |
|   | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building    |                 |  |   | State ZIP Code |  |  |

Debtor 1

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Debtor 1

Syreeta

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About | Debtor | 1 |
|-------|--------|---|
|-------|--------|---|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bou |
|---|-----|
| credit counseling because of:             |     |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-15058 Filed 05/15/17 Doc 1

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Debtor 1

Syreeta

Case Number (if known)

| Pa  | rt 6: Answer These Questions  | for Reporting Purposes   |  |   |
|-----|---|--|--|---|
| 16. | What kind of debts do you have?  Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution | as "incurred by an individual  No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or invention of the second of the | y consumer debts? Consumer debts are a primarily for a personal, family, or househout the primarily for a personal, family, or househout the personal person | lebts that you incurred to obtain siness or investment.  ss debts.  |
|     | to unsecured creditors?   |  |  |   |
| 18. | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |
| 19. | How much do you estimate your assets to be worth?   | ■ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion  |
| 20. | How much do you estimate your liabilities to be?  | ☐ \$0-\$50,000 ☐ \$50,001-\$100,000 <b>■</b> \$100,001-\$500,000 ☐ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion  |
| Pa  | rt 7: Sign Below  |  |  |   |
| For | you   | correct.  If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.  If no attorney represents me and I this document, I have obtained an I request relief in accordance with I understand making a false stater   | <b>×</b> _   | gible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed is not an attorney to help me fill out 342(b). e, specified in this petition. eney or property by fraud in connection |
|     |   | Executed on05/09/2017  |  | xecuted on  |

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Debtor 1 Syreeta Hartley Case Number (if known) \_\_\_\_\_\_

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Tarek Muhammad Khalil                   | Date              | Date: 05/15/2017         |  |
|---|-------------------|--------------------------|--|
| Signature of Attorney for Debtor              | Date              | MM / DD / YYYY           |  |
| Tarek Muhammad Khalil                         |                   |                          |  |
| Printed name                                  |                   |                          |  |
| Geraci Law L.L.C.                             |                   |                          |  |
| Firm name                                     |                   |                          |  |
| 55 E. Monroe St., #3400                       |                   |                          |  |
| Number Street                                 |                   |                          |  |
|   |                   |                          |  |
| Chicago                                       | IL                | 60603                    |  |
| City  | State             | ZIP Code                 |  |
|   |                   |                          |  |
|   |                   | - 411011                 |  |
| Contact Phone 312-332-1800                    | Email ad          | dress nall@geracilaw.com |  |
| Contact Phone 312-332-1800                    | Email ad          | dressndil@geracilaw.com  |  |
|   |                   | dressndil@geracilaw.com  |  |
| Contact Phone 312-332-1800 6311129 Bar number | Email ad IL State | dressndii@geraciiaw.co   |  |

| Fill in this information to identify your case: |                     |                                     |                     |  |  |  |
|---|---------------------|-------------------------------------|---------------------|--|--|--|
| Debtor 1  | Syreeta             |                                     | Hartley             |  |  |  |
|   | First Name          | Middle Name                         | Last Name           |  |  |  |
| Debtor 2  |                     |                                     |                     |  |  |  |
| (Spouse, if filing)                             | First Name          | Middle Name                         | Last Name           |  |  |  |
| United States                                   | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |  |  |  |
| Case Number((State)                             |                     |                                     |                     |  |  |  |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: | Summarize Your Assets  |                                      |
|---------|--|--------------------------------------|
|         |  | Your assets<br>Value of what you own |
|         | le A/B: Property (Official Form 106A/B) by line 55, Total real estate, from Schedule A/B   | <u> </u>                             |
| 1b. Cop | y line 62, Total personal property, from Schedule A/B  | \$ 15,184                            |
| 1c. Cop | y line 63, Total of all property on <i>Schedule A/B</i>  | \$ 15,184                            |
| Part 2: | Summarize Your Liabilities   |                                      |
|         |  | Your liabilities<br>Amount you owe   |
|         | le D: Creditors Who Have Claims Secured by Property (Official Form 106D) y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$14,198                             |
| 3а. Сор | le E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0<br>\$116,730                     |
| 3ь. Сор | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | Ψ110,730                             |
|         |  |                                      |
| Part 3: | Summarize Your Liabilities   |                                      |
|         | le I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  | \$3,585.36                           |
|         | le J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  | \$3,532.00                           |

Document Syreeta Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

| Pa   | art 4:  | Answer These Questions for Administrative and Statistical Records   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 6.   | Are you   | filing for bankruptcy under Chapter 7, 11 or 13?  |  |  |  |  |  |
| No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |   |  |  |  |  |  |
|  | Yes   |   |  |  |  |  |  |
| 7.   | What kin  | d of debt do you have?  |  |  |  |  |  |
|  | _   | debts are primarily consumer debts. Consumer debts are those "incurred by an individual primary, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. | The state of the s |  |  |  |  |
|  | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |  |  |  |  |  |
| 8.   |   | e Statement of Your Current Monthly Income: Copy your total current monthly income from Office 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | sial \$ 4,726.02   |  |  |  |  |
|  |   |   |  |  |  |  |  |
| 9.   | Copy the  | following special categories of claims from Part 4, line 6 of Schedule E/F:   |  |  |  |  |  |
|  |   |   | Total claim  |  |  |  |  |
|  | From P  | art 4 of Schedule E/F, copy the following:  |  |  |  |  |  |
|  | 9a. Dom   | estic support obligations (Copy line 6a.)   | \$_0.00  |  |  |  |  |
|  | 9b. Taxe  | s and certain other debts you owe the government. (Copy line 6b.)   | \$_0.00  |  |  |  |  |
|  | 9c. Clain   | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00  |  |  |  |  |
|  | 9d. Stude   | ent loans. (Copy line 6f.)  | \$_27,813.00   |  |  |  |  |
|  |   | ations arising out of a separation agreement or divorce that you did not report as laims. (Copy line 6g.)   | \$_0.00  |  |  |  |  |
|  | 9f. Debt  | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00  |  |  |  |  |
|  | 9g. <b>Tota</b> l   | . Add lines 9a through 9f.  | \$_27,813.00   |  |  |  |  |

|  | Caso 1 <sup>-</sup>  | 7 15059 Doc 1   | Filod 05/15/17  | Entered 05/15/17 1:   | 1:36:33 De                                      | sc Main  |
|--|--|---|---|---|---|--|
| Fill in this in  | formation to ide   | ntify your case and this fili   |   | 0 of 67   | 2.00.00   | oo maar  |
| Debtor 1   | Syreeta  |   | Hartley   |   |   |  |
|  | First Name   | Middle Name   | Last Name   |   |   |  |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name   | Last Name   |   |   |  |
| United States  | Bankruptcy Court fo  | or the : <u>NORTHERN</u> Distric  | ct of <u>ILLINOIS</u>   |   |   |  |
| Case Number  |  |   | (State)   |   |   | Check if this is an  |
| (If known)   |  |   |   |   |   | amended filing   |
| Official Fo  | <u>orm 106A</u>  | <u>/B</u>   |   |   |   |  |
| Schedul  | e A/B: Pr  | operty  |   |   |   | 12/15  |
| ategory where esponsible for ages, write you on the second of the second | you think it fits supplying correur name and cas Describe Each Reven or have any le  | best. Be as complete and a<br>ct information. If more spa<br>e number (if known). Answ<br>sidence, Building, Land, or O<br>gal or equitable interest in | accurate as possible. If two mode is needed, attach a separate revery question.  State Real Esate You Own or Hamany residence, building, land | d, or similar property?   | both are equally                                |  |
|  | -  | -   | our entries fro Part 1, includi   |   | >   | \$0.00   |
| Part 2:  | Describe Your Vel  | nicles  |   |   |   | ·  |
| O3. Cars, vans  No. Yes.  No.  Yes.  No.  A  Co  2  1  O4. Watercraft  Examples:  No.  Yes.  | Describe Describe Make: Model: Model: Describe Milea Des | Chevrolet Equinox 2014 100,000  quinox with over  homes, ATVs and other recors, personal watercraft, fishing  | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is comminstructions) | nly rs and another  nunity property (see  nicles, and accessories e accessories | Do not deduct secured the amount of any secured | portion you own?   |
|  |  |   | our entries fro Part 2, includi   | ng any entries for pages<br>>   |   | \$ 10,925.00   |
|  |  |   |   |   |   |  |
| Part 3:  | Describe Your Per  | sonal and Household Items   |   |   |   |  |
| Do you own or  | r have any legal   | or equitable interest in any  | of the following items?   |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| Examples:  |  | i <b>ishings</b><br>urniture, linens, china, kitchenwa  | are   |   |   | 1  |
| Yes.   | Describe   | Furniture, linens, small applian  | nces, table & chairs, bedroom set   |   | \$1,500   | \$ 1,500.00  |

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Document F Entered 05/15/17 11:36:33 Page 11 of 7 humber (if known) Doc 1 Desc Main

First Name Middle Name

| 07. | Electronics                    |  |       |  |
|-----|--------------------------------|--|-------|--|
|     | •                              | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games   |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  |  |       |  |
|     |                                | Flat screen TV, computer, printer, music collection, cell phone  | \$500 | o 500.00                                       |
| 08  | Collectibles of value          |  |       | \$ <u>500.0</u> 0                              |
| 00. |                                | nes; paintings, prints, or other artwork; books, pictures, or other art objects;   |       |  |
|     |                                | collections; other collections, memorabilia, collectibles  |       |  |
|     | No.                            |  |       | ı  |
|     | Yes. Describe                  |  |       | s 0.00   |
| 09. | Equipment for sports and       | hobbies  |       | \$ <u> </u>                                    |
|     |                                | iic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  |       |  |
|     | and kayaks; carpentry tools; n | nusical instruments  |       |  |
|     | No.                            |  |       | 1  |
|     | Yes. Describe                  |  |       | \$ 0.00  |
| 10. | Firearms                       |  |       | \$0. <u>0.0</u> 0                              |
|     |                                | guns, ammunition, and related equipment  |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  |  |       |  |
| 44  | Clothes                        |  |       | \$ <u>0.0</u> 0                                |
| 11. |                                | rurs, leather coats, designer wear, shoes, accessories   |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  |  |       |  |
|     | <del></del>                    | Everyday clothes   | \$200 |  |
| 12  | Jewelry                        |  |       | \$ <u>200.0</u> 0                              |
| 12. | -                              | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |       |  |
|     | gold, silver                   |  |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  | Forester in the control of the contr | 6450  |  |
|     |                                | Everyday jewelry   | \$150 | \$ 150.00                                      |
| 13. | Non-farm animals               |  |       | · · · · · · · · · · · · · · · · · · ·          |
|     | Examples: Dogs, cats, birds, h | norses   |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  |  |       | 0.00   |
| 14  | Any other personal and ho      | busehold items you did not already list, including any health aids you did not list  |       | \$0.00   |
|     | No.                            | decined terms you are not underly not, moraling any notice and you are not not   |       |  |
|     | Yes. Describe                  |  |       |  |
|     |                                | books, CDs, DVDs & Family Photos   | \$75  |  |
|     |                                |  |       | \$ <u>75.0</u> 0                               |
|     |                                | of your entries from Part 3, including any entries for pages you have attached   |       | \$2,425.00                                     |
| L   | for Part 3. Write that numb    | er here>   |       |  |
|     | Describe Your Fin              | ancial Assets  |       |  |
|     |                                |  |       |  |
| Do  | you own or have any legal      | or equitable interest in any of the following?   |       | Current value of the                           |
|     |                                |  |       | portion you own?  Do not deduct secured claims |
|     |                                |  |       | or exemptions                                  |
| 16. | Cash                           |  |       |  |
|     |                                | your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |       |  |
|     | No.                            |  |       |  |
|     | Yes. Describe                  |  |       | \$ 0.00  |

Debtor 1 Syreeta Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main Page 12 of 87 Jumber (if known)

17. Deposits of money

Examples: Checking, savings, or other financial accounts: certificates of deposit: shares in credit unions, brokerage houses.

| 17. | Deposits o  | f money              |   |              |  |          |             |            |
|-----|-------------|----------------------|---|--------------|--|----------|-------------|------------|
|     | Examples:   | Checking, savings    | s, or other financial accounts; certifi | icates of de | posit; shares in credit unions, brokerage houses,            |          |             |            |
|     |             | imilar institutions. | If you have multiple accounts with      | the same ir  | nstitution, list each.                                       |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Account Type:                           | Insti        | tution name:   |          |             |            |
|     | _           |                      | Savings Account                         |              | Affinity Federal Credit Union                                | \$       | 150.        | .00        |
|     |             |                      | Checking Account                        |              | Affinity Federal Credit Union                                | — ,      | 1,600.      | 00         |
|     |             |                      | encening riceani                        |              |  | <u> </u> |             | _          |
|     |             |                      |   |              |  | \$       | 1,750.      | <u>.00</u> |
| 18. |             | · · · · · ·          | oublicly traded stocks                  |              |  |          |             |            |
|     | Examples:   | Bond funds, inves    | tment accounts with brokerage firn      | ns, money r  | market accounts  |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Institution or issuer name:             |              |  |          |             |            |
|     |             |                      |   |              |  | \$       | j <u> </u>  | .00        |
| 19. | Non-public  | ly traded stock      | and interests in incorporate            | d and uni    | ncorporated businesses, including an interest in             |          |             |            |
|     | No.         | _                    | ·                                       |              | •  |          |             |            |
|     | =           | December             | Name of Entity and Percent of           | of Owners    | hin  |          |             |            |
|     | Yes.        | Describe             | Name of Entity and Percent C            | JI OWIIEIS   | nip.   |          |             | ^^         |
|     | _           |                      |   |              |  | \$       | 0.          | <u>.00</u> |
| 20. |             | =                    | te bonds and other negotiable           |              |  |          |             |            |
|     | -           |                      | de personal checks, cashiers' chec      |              |  |          |             |            |
|     |             | able instruments a   | are those you cannot transfer to so     | meone by s   | igning or delivering them.                                   |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Issuer name:                            |              |  |          |             |            |
|     |             |                      |   |              |  | \$       | 0.          | <u>.00</u> |
| 21. | Retirement  | or pension ac        | counts                                  |              |  |          |             |            |
|     | Examples:   | Interests in IRA, E  | RISA, Keogh, 401(k), 403(b), thrift     | savings ac   | counts, or other pension or profit-sharing plans             |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Type of account and Institution         | on name.     |  |          |             |            |
|     | 103.        | Describe             | 401(k) or similar plan                  | on namo.     | Quest Diagnostics  | ¢        | Unknov      | wn         |
|     |             |                      | 401(K) of Sillinal plan                 |              |  |          |             |            |
|     |             |                      |   |              |  | \$       | 0.          | <u>.00</u> |
| 22. | Security de | eposits and pre      | payments                                |              |  |          |             |            |
|     |             |                      | osits you have made so that you m       | -            |  |          |             |            |
|     | Examples:   | Agreements with I    | andlords, prepaid rent, public utiliti  | es (electric | gas, water), telecommunications                              |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Institution name or individual          | :            |  |          |             |            |
|     | _           |                      |   |              |  | \$       | <u>.</u> 0. | .00        |
| 23. | Annuities ( | A contract for       | a periodic payment of money             | to you, e    | ither for life or for a number of years)                     |          |             |            |
|     | No.         | •                    |   | • ,          | • •  |          |             |            |
|     | =           | December             | leaver name and description:            |              |  |          |             |            |
|     | Yes.        | Describe             | Issuer name and description:            |              |  |          |             | ^^         |
|     |             |                      |   |              |  | \$       | 0.          | <u>.00</u> |
| 24. |             |                      |   | ied ABLE     | program, or under a qualified state tuition program.         |          |             |            |
|     | _           | § 530(b)(1), 529A    | (b), and 529(b)(1).                     |              |  |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             | Institution name and descript           | ion. Sepa    | rately file the records of any interests.11 U.S.C. § 521(c): |          |             |            |
|     |             |                      |   |              |  | \$       | j 0.        | .00        |
| 25. | Trusts. eau | uitable or future    | e interests in property (other          | than anvt    | hing listed in line 1), and rights or powers                 |          |             |            |
|     | No.         |                      | h :h: 3 (::                             |              | 3 y y  |          |             |            |
|     | <b>=</b>    |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             |   |              |  |          |             | ••         |
|     |             |                      |   |              |  | \$       | 0.          | <u>.00</u> |
| 26. | -           |                      | emarks, trade secrets, and oth          |              | · · ·  |          |             |            |
|     | Examples:   | Internet domain n    | ames, websites, proceeds from roy       | alties and I | icensing agreements  |          |             |            |
|     | No.         |                      |   |              |  |          |             |            |
|     | Yes.        | Describe             |   |              |  |          |             |            |
|     | _           |                      |   |              |  | \$       | <b>,</b> 0. | .00        |
| 27. | Licenses 1  | ranchises. and       | other general intangibles               |              |  |          |             | _          |
|     |             |                      |   | ociation ho  | ldings, liquor licenses, professional licenses               |          |             |            |
|     | No.         | J. 75, 1             | , p                                     |              | • · · · · · · · · · · · · · · · · · · ·                      |          |             |            |
|     | <b>=</b>    | D                    |   |              |  |          |             |            |
|     | Yes.        | Describe             |   |              |  |          | _           |            |
|     |             |                      |   |              |  |          | 0.          | <u>.00</u> |

Case 17-15058 Syreeta

Debtor 1 First Name

Money or property owed to you?

28. Tax refunds owed to you No

29. Family support

No.

Yes.

No.

Yes.

No.

Yes.

No.

Yes

31. Interest in insurance policies

Yes. Describe.....

Describe.....

Describe.....

Describe.....

property because someone has died.

Yes. Describe.....

Yes. Describe.....

Describe.....

Describe.....

35. Any financial assets you did not already list

Social Security benefits; unpaid loans you made to someone else

32. Any interest in property that is due you from someone who has died

Examples: Accidents, employment disputes, insurance claims, or rights to sue

Company Name & Beneficiary:

Term Life Insurance w/employer Whole Life Insurance w/Statefarm

30. Other amounts someone owes you

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Document Page 13 of 7 Pumber (if known) Desc Main Current value of the portion you own? Do not deduct secured claims or exemptions 0.00 Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement 0.00 Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, 0.00 Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance \$84 84.00 If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights 0.00 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,834.00 for Part 4. Write that number here .....

or exemptions

0.00

| Part 5:    | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. |                              |
|------------|--|------------------------------|
| 37. Do you | own or have any legal or equitable interest in any business-related property?                          |                              |
| No         | •  |                              |
| Ye         | 3.   |                              |
|            |  | Current value of the         |
|            |  | portion you own?             |
|            |  | Do not deduct secured claims |

38. Accounts receivable or commissions you already earned

| locounts i | counts receivable of commissions you already carried |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| No.        |  |  |  |  |  |  |
| Yes.       | Describe   |  |  |  |  |  |
|            |  |  |  |  |  |  |

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39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list No. Yes. Describe..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00

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Desc Main

\$15,184.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe..... 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 10,925.00 56. Part 2: Total vehicles, line 5 \$ 2,425.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 1,834.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00 \$ 15,184.00 \$ 15,184.00 62. Total personal property. Add lines 56 through 61. .....

Official Form 106A/B Record # 744725 Page 6 of 6 Schedule A/B: Property

| Fill in this in     | nformation to ident  |                                   | 100llmon <del>t</del> |  |
|---------------------|----------------------|-----------------------------------|-----------------------|--|
|                     | Corrects             |                                   | Hartley               |  |
| Debtor 1            | Syreeta First Name   | Middle Name                       | Last Name             |  |
| Debtor 2            |                      |                                   |                       |  |
| (Spouse, if filing) | First Name           | Middle Name                       | Last Name             |  |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of | <u>ILLINOIS</u>       |  |
| Case Number         | r                    |                                   | (State)               |  |
| (If known)          | '                    |                                   | _                     |  |

# Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|                         | emptions are you claiming? Check<br>ming state and federal nonbankrupt |                                      |   |                                      |
|-------------------------|--|--------------------------------------|---|--------------------------------------|
| _                       | ming federal exemptions. 11 U.S.C.                                     | •                                    | •   |                                      |
|                         |  |                                      |   |                                      |
| . For any propert       | y you list on <i>Schedule A/B</i> that yo                              | u claim as exempt, fill in t         | the information below.  |                                      |
| ·                       | on of the property and line on hat lists this property                 | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | 2014 Chevrolet Equinox with over 100,000 miles                         | \$_10,925                            | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00   |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Furniture, linens, small appliances, table & chairs, bedroom set       | \$ <u>1,500</u>                      | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$1,500.00   |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Flat screen TV, computer, printer, music collection, cell phone        | \$ <u>500</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$500.00     |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Everyday clothes   | \$_200                               | <b></b>   | 735 ILCS 5/12-1001(a),(e) - \$200.00 |
| Line from Schedule A/B: | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
|                         |  |                                      |   |                                      |
| Official Form 106C      | Record # 744725  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |

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| Part 2: Additi   | onal Page  |                                      |   |                                    |  |
|--|--|--------------------------------------|---|------------------------------------|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property   |  | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |
|  |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |  |
| Brief description:   | Everyday jewelry   | \$ <u>150</u>                        | \$  | 735 ILCS 5/12-1001(b) - \$150.00   |  |
| Line from Schedule A/B:  | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Brief description:   | books, CDs, DVDs & Family<br>Photos                          | \$ <u>75</u>                         | \$  | 735 ILCS 5/12-1001(a) - \$75.00    |  |
| Line from Schedule A/B:  | 14   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Brief description:   | Savings Account, Affinity Federal<br>Credit Union, 150.00    | \$ <u>150</u>                        | \$  | 735 ILCS 5/12-1001(b) - \$150.00   |  |
| Line from Schedule A/B:  | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Brief description:   | Checking Account, Affinity Federal<br>Credit Union, 1,600.00 | \$ <u>1,600</u>                      | \$  | 735 ILCS 5/12-1001(b) - \$1,600.00 |  |
| Line from Schedule A/B:  | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Brief description:   | 401(k) or similar plan, Quest<br>Diagnostics, 0.00           | \$Unknown                            | <b>\$</b>   | 735 ILCS 5/12-1006 - \$0.00        |  |
| Line from Schedule A/B:  | 21   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Brief description:   | Whole Life Insurance w/Statefarm                             | \$_84                                | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$84.00    |  |
| Line from Schedule A/B:  | 31   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. Are you claiming a homestead exemption of more than \$155,675?  (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .)  No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  No  Yes. |  |                                      |   |                                    |  |
|  |  |                                      |   |                                    |  |
| Official Form 106C   | Record # 744725  | Schedule C: The                      | Property You Claim as Exempt                                    | Page 2 of 2                        |  |

| Fill in this in          | Caso 1<br>nformation to ide               |                           | oc 1 Filod 05/15/17   | Entered 05/15/1<br>8 of 67     | .7 11:36:33  | Desc Main  |                                   |
|--------------------------|---|---------------------------|---|--------------------------------|--|--|-----------------------------------|
| Debtor 1                 | Syreeta                                   |                           | Hartley   |                                |  |  |                                   |
|                          | First Name                                | Middle Name               | Last Name   |                                |  |  |                                   |
| Debtor 2                 |   |                           |   |                                |  |  |                                   |
| (Spouse, if filing)      | First Name                                | Middle Name               | Last Name   |                                |  |  |                                   |
| United States            | s Bankruptcy Court                        | for the : <u>NORTHERN</u> | District of <u>ILLINOIS</u>   |                                |  |  |                                   |
| Ozza Niwaka              |   |                           | (State)   |                                |  | Check if this  | s is an                           |
| Case Numbe<br>(If known) | er  |                           |   |                                |  | amended fil  |                                   |
| Official E               | orm 1065                                  | `                         |   |                                |  |  | 9                                 |
| Jiliciai F               | orm 106E                                  | <u>)</u>                  |   |                                |  |  |                                   |
| Schedule                 | D: Credit                                 | ors Who Have              | Claims Secured by F   | roperty                        |  |  | 12/15                             |
| □ No. Cl ■ Yes. F        |   | ormation below.           | roperty? e court with your other schedules. Yo  | u have nothing else to repo    | rt on this form.   |  |                                   |
| Part 1:                  | List All Secured                          | Ciaims                    |   |                                | Column A   | Column A   | Column C                          |
| for each o               | claim. If more tha                        | n one creditor has a pa   | an one secured claim, list the credito<br>articular claim, list the other creditors<br>al order according to the creditors na   | in Part 2.                     | Column A  Amount of claim  Do not deduct the value of collateral | Column A  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Credit               | Acceptance                                |                           | Describe the property that secure   | es the claim:                  | <b>\$</b> _14,198.00   | <b>\$</b> 10,925.00                                    | \$ <u>3,273.00</u>                |
| Creditor's               |   | _                         | 2014 Chevrolet Equinox with over  | er 100,000 miles               |  |  |                                   |
| Po Box                   |   |                           |   |                                |  |  |                                   |
| Number                   | Street                                    |                           |   |                                |  |  |                                   |
|                          |   |                           | As of the date you file, the claim  | is: Check all that apply.      |  |  |                                   |
| Southfi                  | ield                                      | MI 48037                  | Unliquidated  |                                |  |  |                                   |
| City                     |   | State Zip Code            | Disputed  |                                |  |  |                                   |
| Who owe                  | s the debt? Check                         | one.                      | Nature of Lien. Check all that apply  | <i>l</i> .                     |  |  |                                   |
| Debtor                   | 1 only                                    |                           | An agreement you made (such as  |                                |  |  |                                   |
| Debtor                   | 2 only                                    |                           | car loan)   |                                |  |  |                                   |
| Debtor                   | 1 and Debtor 2 onl                        | у                         | Statutory lien (such as tax lien, m   | echanic's lien)                |  |  |                                   |
| At leas                  | st one of the debtors                     | and another               | Judgment lien from a lawsuit  |                                |  |  |                                   |
| Порт                     | . If the colors we let                    |                           | Other (including a right to offset)   |                                |  |  |                                   |
|                          | c if this claim relat<br>nunity debt      | tes to a                  |   |                                |  |  |                                   |
|                          | t was incurred                            | 2014-11-05                | Last 4 digits of account number   | <u>2115</u>                    |  |  |                                   |
| Part 2:                  | List Others to Be                         | Notified for a Debt Tha   | nt You Already Listed   |                                |  |  |                                   |
|                          |   |                           |   |                                |  |  |                                   |
| trying to collect        | ct from you for a c<br>tor for any of the | lebt you owe to someo     | out your bankruptcy for a debt that yo<br>ne else, list the creditor in Part 1, and<br>Part 1, list the additional creditors he | then list the collection agend | cy here. Similarly, if yo  | u have more  |                                   |
| wood iii Fait I          | , ao not illi out or                      | Sabilit tills paye.       |   |                                |  |  |                                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 14,198.00

|  |   | Caso 17 1505  |   | 1 Filed 05/15/17   | Entered 05/15/17  | 11:36:33  | Desc Main                   |                    |
|--|---|---|---|--|---|---|-----------------------------|--------------------|
| Fill   | in this in  | formation to identify your o  | case:   |  | 9 of 67   |   |                             |                    |
| Del  | btor 1  | Syreeta   |   | Hartley  |   |   |                             |                    |
| Dei  | DIOI I  | First Name  | Middle Name   | Last Name  |   |   |                             |                    |
| Del  | btor 2  |   |   |  |   |   |                             |                    |
|  | use, if filing)                                   | First Name  | Middle Name   | Last Name  |   |   |                             |                    |
|  | 01 - 1  | Dealer of Control No.   | DELIEDN D'  | Contract Halling   |   |   |                             |                    |
| Uni  | ted States  | Bankruptcy Court for the : <u>NC</u>  | <u>DRTHERN</u> DIS  | (State)  |   |   | Па                          |                    |
|  | se Number   |   |   |  |   |   | Check if                    |                    |
| (111)  | known)  |   |   |  |   |   | amended                     | d filing           |
| <u>Offi</u>  | <u>cial Fo</u>                                    | <u>orm 106E/F</u>   |   |  |   |   |                             |                    |
| Sch  | edule   | F/F: Creditors W  | ho Have   | <b>Unsecured Claims</b>  |   |   |                             | 12/15              |
| ist the A/B: Post reditor to the contract of t | e other party (Cors with pd., copy than any addit | arty to any executory contr<br>Official Form 106A/B) and c<br>artially secured claims tha | acts or unexp<br>on Schedule G<br>t are listed in S<br>number the er<br>ne and case n | •  | a claim. Also list executory co<br>xpired Leases (Official Form 1<br>re Claims Secured by Property            | ntracts on <i>Schedu</i><br>06G). Do not inclu<br>v. If more space is | <i>ile</i><br>ude any       |                    |
| 1 D  | any cree  | ditors have priority unsecu   | rod claims an   | ainet vou?   |   |   |                             |                    |
| 1. D   | _   |   | rea ciaiiris aga  | anist you:   |   |   |                             |                    |
| _  | •   | to Part 2.  |   |  |   |   |                             |                    |
| L  |   |   |   | r has more than one priority unse  |   |   |                             |                    |
| ea<br>no<br>ur   | ach claim<br>onpriority<br>onsecured              | listed, identify what type of camounts. As much as possil claims, fill out the Continuati | claim it is. If a colle, list the clai<br>on Page of Pa                               | claim has both priority and nonpri<br>ms in alphabetical order accordir<br>rt 1. If more than one creditor hol<br>ructions for this form in the instru | ority amounts, list that claim he<br>ng to the creditor's name. If you<br>ds a particular claim, list the otl | re and show both phave more than tw                                   | oriority and<br>vo priority |                    |
|  |   |   |   |  |   | Total claim   | Priority<br>amount          | Nonpriority amount |
| Por  | t 2:  | List All of Your NONPRIORITY  | / Unsecured Cl  | aims   |   |   |                             |                    |
|  |   | dia b   |   | it2  |   |   |                             |                    |
| 3. DC  | _   | ditors have nonpriority uns   |   | •  |   |   |                             |                    |
|  | No. Yo<br>Yes.                                    | u have nothing to report in the   | nis part. Subm  | it this form to the court with your  | other schedules.  |   |                             |                    |
| no<br>in   | onpriority on cluded in                           | unsecured claim, list the cre   | ditor separatel<br>ditor holds a pa   | alphabetical order of the creditory for each claim. For each claim larticular claim, list the other credit   | listed, identify what type of clair   | n it is. Do not list c  | laims already               | Total claim        |
| 4.1  | Aaa Ch  | eckmate Llc   |   | Last 4 digits of account number  |   |   |                             | \$ 1,745.90        |
|  | Creditor's I                                      |   |   | _  | <del>_</del>  |   |                             |                    |
|  | PO Box  |   |   | When was the debt incurred?  | <del></del>   |   |                             |                    |
|  | Number  | Street  |   |  |   |   |                             |                    |
|  |   |   |   | As of the date you file, the claim   | is: Check all that apply.   |   |                             |                    |
|  | Skokie  | IL 60   | 0076  | Contingent   |   |   |                             |                    |
|  | City  | State Z   | ip Code   | Unliquidated Disputed  |   |   |                             |                    |
| ``   | _   | the debt? Check one.  |   | Disputed   |   |   |                             |                    |
|  | Debtor '  | •   |   | - ()(0)(0)(0)(0)(0)  |   |   |                             |                    |
| ļ  | Debtor 2  | •   |   | Type of NONPRIORITY unsecured  | a ciaim:  |   |                             |                    |
| l<br>I   | =   | 1 and Debtor 2 only   |   | <ul><li>Student loans</li><li>Obligations arising out of a separ</li></ul>   | ation agreement or divorce  |   |                             |                    |
| l<br>I   | =   | one of the debtors and another  |   | that you did not report as priority  | -   |   |                             |                    |
| l  | _   | if this claim relates to a<br>unity debt  |   | Debts to pension or profit-sharing   |   |   |                             |                    |
| į  |   | n subject to offest?  |   |  | ., ., .,  |   |                             |                    |
| ļ  | No  |   |   | Other. Specify Credit Extend   | ded to Debtor(S)  |   |                             |                    |
|  | Yes   |   |   |  |   |   |                             |                    |

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| P     | Your NONPRIORITY Unsecured Claims - Co             | ontinuation Page  |                    |
|-------|--|---|--------------------|
| After | listing any entries on this page, number them be   | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim        |
| 4.2   | American Infosource                                | Last 4 digits of account number                                   | <b>\$</b> 831.00   |
|       | Creditor's Name                                    |   |                    |
|       | PO Box 269093                                      | When was the debt incurred?                                       |                    |
|       | Number Street                                      |   |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |  | Contingent  |                    |
|       | Oklahoma City OK 73126                             | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|       | Debtor 1 only                                      | _   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | No   | Other. Specify  |                    |
|       | Yes  |   |                    |
| 4.3   | Americash Loans, LLC                               | Last 4 digits of account number                                   | <u>\$ 1,823.00</u> |
|       | Creditor's Name                                    |   |                    |
|       | PO Box 184   | When was the debt incurred?                                       |                    |
|       | Number Street                                      |   |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       | Des Blaines II COO4C                               | Contingent  |                    |
|       | Des Plaines IL 60016                               | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|       | Debtor 1 only                                      | _   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | No   | Other. Specify  |                    |
|       | Yes  |   |                    |
| 4.4   | _AT&T  | Last 4 digits of account number                                   | \$ <u>528.00</u>   |
|       | Creditor's Name PO Box 8212                        | When was the debt incurred?                                       |                    |
|       | Number Street                                      | Wileli was the dept incurred:                                     |                    |
|       | Number Street                                      |   |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       | Aurora IL 60572-8212                               | Contingent  |                    |
|       | City State Zip Code                                | Unliquidated  |                    |
|       | Who owes the debt? Check one.                      | Disputed  |                    |
|       | Debtor 1 only                                      |   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | No   | Other. SpecifyUtility Bills/Cellular Service                      |                    |
|       | I IVon   |   |                    |

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| Pa    | Your NONPRIORITY Unsecured Claims - C   | Continuation Page   |                    |
|-------|---|---|--------------------|
| After | listing any entries on this page, number them b                               | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
| 4.5   | Brother Loan And Finance Co   | Last 4 digits of account number                                   | <b>\$</b> 1,714.52 |
|       | Creditor's Name   |   |                    |
|       | PO Box 27   | When was the debt incurred?                                       |                    |
|       | Number Street   |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       | Chabia II 60076   | Contingent  |                    |
|       | Skokie         IL         60076           City         State         Zip Code | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one.                            | Disputed  |                    |
|       | Debtor 1 only   |   |                    |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only  | Student loans   |                    |
|       | At least one of the debtors and another                                       | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a  | that you did not report as priority claims                        |                    |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?   |   |                    |
|       | No  | Other. Specify Credit Extended to Debtor(S)                       |                    |
| -     | Yes Capitalone  | Last 4 digits of account number NULL                              | <b>\$</b> 149.00   |
| 4.6   | Creditor's Name   | Last 4 digits of account number NULL                              | \$_143.00          |
|       | 15000 Capital One Dr  | When was the debt incurred? 2016-2017                             |                    |
|       | Number Street   |   |                    |
|       |   | As of the date you file the claim is. Check all that each         |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       | Richmond VA 23238   | Contingent  |                    |
|       | City State Zip Code   | Unliquidated  |                    |
|       | Who owes the debt? Check one.   | Disputed  |                    |
|       | Debtor 1 only   |   |                    |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only  | Student loans   |                    |
|       | At least one of the debtors and another                                       | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a  | that you did not report as priority claims                        |                    |
|       | community debt Is the claim subject to offest?                                | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | No  | Other. Specify Credit Card or Credit Use                          |                    |
|       | Yes   | Other. Specify  |                    |
| 4.7   | Cerastes, LLC   | Last 4 digits of account number                                   | <b>\$</b> 1,328.00 |
|       | Creditor's Name   |   |                    |
|       | 2001 Western Ave, Ste 400   | When was the debt incurred?                                       |                    |
|       | Number Street   |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       |   | Contingent  |                    |
|       | Seattle WA 98121  | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one.                            | Disputed  |                    |
|       | Debtor 1 only   | <del>_</del>  |                    |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only  | Student loans   |                    |
|       | At least one of the debtors and another                                       | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a  | that you did not report as priority claims                        |                    |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?   | <del>_</del>  |                    |
|       | No  | Other. Specify  |                    |
|       | Yes   | <del>_</del>  |                    |

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| Pa    | Your NONPRIORITY Unsecured Claims - C   | continuation Page   |                  |
|-------|---|---|------------------|
| After | listing any entries on this page, number them b                                   | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
| 4.8   | Chase Bank  | Last 4 digits of account number                                   | \$ <u>250.00</u> |
|       | Creditor's Name   |   |                  |
|       | PO Box 15298  | When was the debt incurred?                                       |                  |
|       | Number Street   |   |                  |
|       |   | As of the date you file, the claim is: Check all that apply.      |                  |
|       | Wilmington DE 19850   | Contingent  |                  |
|       | Wilmington         DE         19850           City         State         Zip Code | Unliquidated  |                  |
|       | Who owes the debt? Check one.   | Disputed  |                  |
|       | Debtor 1 only   |   |                  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |                  |
|       | Debtor 1 and Debtor 2 only  | Student loans   |                  |
|       | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce      |                  |
|       | Check if this claim relates to a  | that you did not report as priority claims                        |                  |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?   | _   |                  |
|       | ■ No  | Other. SpecifyCredit Card or Credit Use                           |                  |
| 40    | Yes   City of Chicago - Dept of Revenue   | Last 4 digits of account number                                   | <b>\$</b> 863.00 |
| 4.9   | Creditor's Name   | Last 4 digits of account number                                   | ф <u>осс.ос</u>  |
|       | 121 N. LaSalle St   | When was the debt incurred?                                       |                  |
|       | Number Street   |   |                  |
|       | Room 107  | As of the date you file, the claim is: Check all that apply.      |                  |
|       | <del></del>   | Contingent  |                  |
|       | Chicago IL 60602  | Unliquidated  |                  |
|       | City State Zip Code   | Disputed  |                  |
|       | Who owes the debt? Check one.   |   |                  |
|       | Debtor 1 only   | To a CAIONIDDIODITY was a second at labor                         |                  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  Student loans               |                  |
|       | Debtor 1 and Debtor 2 only  At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce      |                  |
|       |   | that you did not report as priority claims                        |                  |
|       | Check if this claim relates to a community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?   | <b>—</b>  |                  |
|       | No  | Other. Specify Fines  |                  |
|       | Yes   |   |                  |
| 4.10  | Commonwealth Edison   | Last 4 digits of account number                                   | \$ <u>870.00</u> |
|       | Creditor's Name   | When was the debt incorred?                                       |                  |
|       | 3 Lincoln Center 4th Floor  | When was the debt incurred?                                       |                  |
|       | Number Street   |   |                  |
|       |   | As of the date you file, the claim is: Check all that apply.      |                  |
|       | Oakbrook Terrace IL 60181   | Contingent  |                  |
|       | City State Zip Code   | Unliquidated  |                  |
|       | Who owes the debt? Check one.   | Disputed  |                  |
|       | Debtor 1 only   |   |                  |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |                  |
|       | Debtor 1 and Debtor 2 only  | Student loans   |                  |
|       | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce      |                  |
|       | Check if this claim relates to a  | that you did not report as priority claims                        |                  |
|       | community debt  | Debts to pension or profit-sharing plans, and other similar debts |                  |
|       | Is the claim subject to offest?   | Tour our Lititity Bills/Collular Services                         |                  |
|       | Yes   | Other. Specify Utility Bills/Cellular Service                     |                  |
|       | ~~  |   |                  |

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| Par      | Your NONPRIORITY Unsecured Claims - C            | Continuation Page   |                    |
|----------|--|---|--------------------|
| After li | sting any entries on this page, number them b    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
| 4.11     | Credit One Bank                                  | Last 4 digits of account number                                   | <b>\$</b> _550.00  |
|          | Creditor's Name                                  |   |                    |
|          | PO Box 60500                                     | When was the debt incurred?                                       |                    |
|          | Number Street                                    |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | City Of Industry CA 91716                        | Contingent  |                    |
|          | City State Zip Code                              | Unliquidated  |                    |
| <u> </u> | Who owes the debt? Check one.                    | Disputed  |                    |
|          | Debtor 1 only                                    |   |                    |
|          | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                       | Student loans   |                    |
|          | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| l ls     | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | No   | Other. Specify Credit Card or Credit Use                          |                    |
|          | Yes  | Other. Opening  |                    |
| 4.12     | First Premier BANK                               | Last 4 digits of account number NULL                              | \$ <u>672.00</u>   |
|          | Creditor's Name                                  | When was the debt incurred? 2014-2016                             |                    |
|          | 601 S Minnesota Ave                              | When was the debt incurred?                                       |                    |
|          | Number Street                                    |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Sioux Falls SD 57104                             | Contingent  |                    |
|          | City State Zip Code                              | Unliquidated  |                    |
| <u> </u> | Who owes the debt? Check one.                    | Disputed  |                    |
|          | Debtor 1 only                                    |   |                    |
|          | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                       | ☐ Student loans   |                    |
|          | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| l:       | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | No   | Other. Specify Credit Card or Credit Use                          |                    |
|          | Yes  | Cultiful Opcomy   |                    |
| 4.13     | First Premier BANK                               | Last 4 digits of account number NULL                              | <b>\$_1,120.00</b> |
|          | Creditor's Name                                  | When was the debt incurred? 2015-2016                             |                    |
|          | 601 S Minnesota Ave                              | When was the debt incurred?                                       |                    |
|          | Number Street                                    |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Sioux Falls SD 57104                             | Contingent  |                    |
|          | City State Zip Code                              | Unliquidated  |                    |
| <u> </u> | Who owes the debt? Check one.                    | Disputed  |                    |
|          | Debtor 1 only                                    |   |                    |
|          | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim: □                            |                    |
| <u> </u> | Debtor 1 and Debtor 2 only                       | ☐ Student loans   |                    |
|          | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| L        | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| l Is     | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | No   | Other. Specify Credit Card or Credit Use                          |                    |
|          | Yes  | Salah Spooliy   |                    |

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| After li | sting any entries on this page, number them        | beginning with 4.4, followed by 4.5, and so forth.                  | Total Claim       |
|----------|--|---|-------------------|
| 4.14     | First Premier Bank                                 | Last 4 digits of account number                                     | <u>\$467.00</u>   |
|          | PO Box 5147  | When was the debt incurred?   |                   |
|          | Number Street                                      |   |                   |
|          |  | As of the date you file, the claim is: Check all that apply.        |                   |
|          |  | Contingent  |                   |
|          | Sioux Falls SD 57117                               | Unliquidated  |                   |
| ١,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                   |
| l i      | Debtor 1 only                                      |   |                   |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                |                   |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans   |                   |
| 1        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce        |                   |
|          | =  | that you did not report as priority claims                          |                   |
| '        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts   |                   |
|          | s the claim subject to offest?                     | Debts to pension of profit-straining plans, and other similar debts |                   |
|          | No   | Other. Specify Credit Card or Credit Use                            |                   |
| l i      | Yes  | Other. Specify  |                   |
| 4.15     | Flexshopper  | Last 4 digits of account number C3DF                                | <b>\$</b> _352.00 |
|          | Creditor's Name                                    |   |                   |
|          | 2700 N Military Trl Ste                            | When was the debt incurred? 2015-2017                               |                   |
|          | Number Street                                      |   |                   |
|          |  | As of the date you file, the claim is: Check all that apply.        |                   |
|          |  | Contingent  |                   |
|          | Boca Raton FL 33431                                | Unliquidated  |                   |
| ١.       | City State Zip Code                                | Disputed  |                   |
| `        | Who owes the debt? Check one.                      |   |                   |
|          | Debtor 1 only                                      |   |                   |
| . !      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                |                   |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                   |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce        |                   |
|          | Check if this claim relates to a                   | that you did not report as priority claims                          |                   |
| ١.       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts   |                   |
| l i      | s the claim subject to offest?                     | _   |                   |
|          | No No  | Other. Specify  |                   |
| 4.40     | Yes Flexshopper                                    | Last 4 digits of account number D421                                | \$ 878.00         |
| 4.16     | Creditor's Name                                    | Last 4 digits of account number                                     | <u> </u>          |
|          | 2700 N Military Trl Ste                            | When was the debt incurred? 2015-2017                               |                   |
|          | Number Street                                      |   |                   |
|          |  | As of the date you file the plains in Check all that apply          |                   |
|          | <del></del>  | As of the date you file, the claim is: Check all that apply.        |                   |
|          | Boca Raton FL 33431                                | Contingent  |                   |
|          | City State Zip Code                                | Unliquidated  |                   |
| \ \      | Who owes the debt? Check one.                      | Disputed  |                   |
|          | Debtor 1 only                                      |   |                   |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                |                   |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                   |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce        |                   |
| ĺ        | Check if this claim relates to a                   | that you did not report as priority claims                          |                   |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts   |                   |
|          | s the claim subject to offest?                     |   |                   |
|          | No   | Other. Specify  |                   |
|          | Vec  |   |                   |

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| After li | sting any entries on this page, number them b      | beginning with 4.4, followed by 4.5, a  | and so forth.                  | Total Claim         |
|----------|--|---|--------------------------------|---------------------|
| 4.17     | Flexshopper  | Last 4 digits of account number _       | 8421                           | \$ <u>999.00</u>    |
|          | Creditor's Name                                    |   |                                |                     |
|          | 2700 N Military Trl Ste                            | When was the debt incurred?             | 2015-2017                      |                     |
|          | Number Street                                      |   |                                |                     |
|          |  | A - of the data was file the alleles to | Object all the transfer        |                     |
|          |  | As of the date you file, the claim is   | s: Check all that apply.       |                     |
|          | Boca Raton FL 33431                                | Contingent                              |                                |                     |
|          |  | Unliquidated                            |                                |                     |
| ١,       | City State Zip Code  Vho owes the debt? Check one. | Disputed                                |                                |                     |
| i        |  | _                                       |                                |                     |
|          | Debtor 1 only                                      |   |                                |                     |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                     |
| L        | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                     |
| [        | At least one of the debtors and another            | Obligations arising out of a separa     | ition agreement or divorce     |                     |
| r        | Check if this claim relates to a                   | that you did not report as priority c   | laims                          |                     |
| '        | community debt                                     | Debts to pension or profit-sharing      | plans, and other similar debts |                     |
| 1        | s the claim subject to offest?                     | _                                       |                                |                     |
|          | No   | Other. Specify                          |                                |                     |
| [        | Yes  | Caren opening                           | <del></del>                    |                     |
| 4.18     | Flexshopper  | Last 4 digits of account number _       | 0C21                           | <b>\$</b> _1,425.00 |
| 7.10     | Creditor's Name                                    |   | <del></del>                    | · <del></del>       |
|          | 2700 N Military Trl Ste                            | When was the debt incurred?             | 2015-2017                      |                     |
|          | Number Street                                      |   | <del></del>                    |                     |
|          | Number Succe                                       |   |                                |                     |
|          |  | As of the date you file, the claim is   | S: Check all that apply.       |                     |
|          |  | Contingent                              |                                |                     |
|          | Boca Raton FL 33431                                | Unliquidated                            |                                |                     |
| Ι.       | City State Zip Code                                | Disputed                                |                                |                     |
| '        | Vho owes the debt? Check one.                      |   |                                |                     |
| !        | Debtor 1 only                                      |   |                                |                     |
| [        | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                     |
| [        | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                     |
| ĺ        | At least one of the debtors and another            | Obligations arising out of a separa     | ation agreement or divorce     |                     |
| }        | =  | that you did not report as priority c   |                                |                     |
| "        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing      |                                |                     |
| ١,       | s the claim subject to offest?                     | Debts to pension or profit-sharing      | plans, and other similar debts |                     |
| l i      | No   |   |                                |                     |
| 1        | ₹  | Other. Specify                          |                                |                     |
|          | Yes Jefferson Capital Systems LLC                  |   |                                | <b>\$</b> 329.00    |
| 4.19     |  | Last 4 digits of account number _       | <del></del>                    | \$ <u>023.00</u>    |
|          | Creditor's Name                                    | When was the debt incurred?             |                                |                     |
|          | PO Box 7999  | when was the debt incurred?             | <del></del>                    |                     |
|          | Number Street                                      |   |                                |                     |
|          |  | As of the date you file, the claim is   | S: Check all that apply.       |                     |
|          |  | Contingent                              | ,                              |                     |
|          | Saint Cloud MN 56302                               |   |                                |                     |
|          | City State Zip Code                                | Unliquidated                            |                                |                     |
| V        | Vho owes the debt? Check one.                      | Disputed                                |                                |                     |
|          | Debtor 1 only                                      |   |                                |                     |
| i        | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                     |
|          | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                     |
|          |  | _                                       | tion agreement or diverse      |                     |
|          | At least one of the debtors and another            | Obligations arising out of a separa     |                                |                     |
| [        | Check if this claim relates to a                   | that you did not report as priority c   |                                |                     |
|          | community debt                                     | Debts to pension or profit-sharing      | plans, and other similar debts |                     |
|          | s the claim subject to offest?                     |   |                                |                     |
|          | No   | Other. Specify Credit Extended          | ed to Debtor(s)                |                     |
|          | Yes  | . /                                     |                                |                     |

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| After | listing any entries on this page, number them be   | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|-------|--|---|--------------------|
| 4.20  | Jefferson Capital Systems LLC                      | Last 4 digits of account number                                   | \$ <u>1,859.00</u> |
|       | Creditor's Name                                    | When the dold income d2   |                    |
|       | PO Box 7999  Number Street                         | When was the debt incurred?                                       |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |  | Contingent  |                    |
|       | Saint Cloud MN 56302                               | Unliquidated  |                    |
|       | City State Zip Code                                | Disputed  |                    |
|       | Who owes the debt? Check one.  Debtor 1 only       |   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | No □   | Other. Specify Credit Extended to Debtor(s)                       |                    |
| 4.21  | Lalyes Kahuna Payment Solutions                    | Last 4 digits of account number                                   | <b>\$</b> 773.00   |
| 4.21  | Creditor's Name                                    | Lust 4 digits of account number                                   | ¥                  |
|       | 807 Arcadia Dr., Ste. C                            | When was the debt incurred?                                       |                    |
|       | Number Street                                      |   |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |  | Contingent  |                    |
|       | Bloomington IL 61704                               | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|       | Debtor 1 only                                      |   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | ■ No   | Other. Specify Credit Extended to Debtor(s)                       |                    |
| 4.00  | Law Office of Charles McCarthy                     | Last 4 digits of account number                                   | \$ 800.00          |
| 4.22  | Creditor's Name                                    | Last 4 digits of account number                                   | Ψ <u>σσσ.σσ</u>    |
|       | 705 N. East St.                                    | When was the debt incurred?                                       |                    |
|       | Number Street                                      |   |                    |
|       |  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |  | Contingent  |                    |
|       | Bloomington IL 61701                               | Unliquidated  |                    |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|       | Debtor 1 only                                      |   |                    |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|       | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                    |   |                    |
|       | Yes  | Other. Specify  |                    |
|       |  |   |                    |

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| P     | Your NONPRIORITY Unsecured Claims - Co           | ontinuation Page  |                      |
|-------|--|---|----------------------|
| After | listing any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim          |
| 4.23  | MLK Investments LLC                              | Last 4 digits of account number                                   | <b>\$</b> 2,400.00   |
|       | Creditor's Name                                  |   |                      |
|       | PO Box 1646                                      | When was the debt incurred?                                       |                      |
|       | Number Street                                    |   |                      |
|       |  | As of the date you file, the claim is: Check all that apply.      |                      |
|       | Fairlawn VA 24141                                | Contingent  |                      |
|       | City State Zip Code                              | Unliquidated  |                      |
|       | Who owes the debt? Check one.                    | Disputed  |                      |
|       | Debtor 1 only                                    |   |                      |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                      |
|       | Debtor 1 and Debtor 2 only                       | Student loans   |                      |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                      |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                      |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                      |
|       | No   | Other Consider  |                      |
|       | Yes  | Other. Specify  |                      |
| 4.24  | Navient  | Last 4 digits of account number 0209                              | <b>\$</b> _10,442.00 |
|       | Creditor's Name                                  | When was the debt incurred? 2006-2017                             |                      |
|       | Po Box 9500                                      | When was the debt incurred?                                       |                      |
|       | Number Street                                    |   |                      |
|       |  | As of the date you file, the claim is: Check all that apply.      |                      |
|       | Wilkes Barre PA 18773                            | Contingent  |                      |
|       | City State Zip Code                              | Unliquidated  |                      |
|       | Who owes the debt? Check one.                    | Disputed  |                      |
|       | Debtor 1 only                                    |   |                      |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                      |
|       | Debtor 1 and Debtor 2 only                       | Student loans   |                      |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                      |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                      |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                      |
|       | No   | Other Chaife  |                      |
|       | Yes  | Other. Specify  |                      |
| 4.25  | TNCAC  | Last 4 digits of account number                                   | <u>\$ 500.00</u>     |
|       | Creditor's Name                                  |   |                      |
|       | PO Box 515489                                    | When was the debt incurred?                                       |                      |
|       | Number Street                                    |   |                      |
|       |  | As of the date you file, the claim is: Check all that apply.      |                      |
|       | Dallas TX 75251                                  | Contingent  |                      |
|       | City State Zip Code                              | Unliquidated  |                      |
|       | Who owes the debt? Check one.                    | Disputed  |                      |
|       | Debtor 1 only                                    |   |                      |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                      |
|       | Debtor 1 and Debtor 2 only                       | Student loans   |                      |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                      |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                      |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                      |
|       | No   | Other Specify   |                      |
|       | Yes  | Other. Specify  |                      |
|       |  |   |                      |

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| After | listing any entries on this page, number them b | peginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
|-------|---|---|--------------------|
|       | 1 NOTE I O                                      |   | . 0.700.00         |
| 4.26  |   | Last 4 digits of account number                                   | \$ <u>9,780.00</u> |
|       | Creditor's Name                                 | When we the debt incomed?   |                    |
|       | PO Box 4138                                     | When was the debt incurred?                                       |                    |
|       | Number Street                                   |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       |   | Contingent  |                    |
|       | Houston TX 77210                                | Unliquidated  |                    |
|       | City State Zip Code                             | Disputed  |                    |
|       | Who owes the debt? Check one.                   |   |                    |
|       | Debtor 1 only                                   |   |                    |
|       | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
|       | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
|       | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                 |   |                    |
|       | No  | Other. Specify  |                    |
|       | Yes   |   | . 007.00           |
| 4.27  | Northland Group                                 | Last 4 digits of account number                                   | \$ <u>667.00</u>   |
|       | Creditor's Name                                 |   |                    |
|       | PO Box 390846                                   | When was the debt incurred?                                       |                    |
|       | Number Street                                   |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       |   | Contingent  |                    |
|       | Edina MN 55439                                  | Unliquidated  |                    |
|       | City State Zip Code                             | Disputed  |                    |
|       | Who owes the debt? Check one.                   |   |                    |
|       | Debtor 1 only                                   |   |                    |
|       | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
|       | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
|       | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                 |   |                    |
|       | No  | Other. Specify Credit Extended to Debtor(s)                       |                    |
|       | Yes   |   |                    |
| 4.28  | Nutribullet LLC                                 | Last 4 digits of account number                                   | \$ <u>68.00</u>    |
|       | Creditor's Name                                 | When we the debt incomed 2  |                    |
|       | 8550 Balboa Blvd Ste 232                        | When was the debt incurred?                                       |                    |
|       | Number Street                                   |   |                    |
|       |   | As of the date you file, the claim is: Check all that apply.      |                    |
|       |   | Contingent  |                    |
|       | Northridge CA 91325                             | Unliquidated  |                    |
|       | City State Zip Code                             | Disputed  |                    |
|       | Who owes the debt? Check one.                   | □ ·*····  |                    |
|       | Debtor 1 only                                   |   |                    |
|       | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
|       | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
|       | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                 |   |                    |
|       | No  | Other. Specify  |                    |
|       | I Ivos  | <del>_</del>  |                    |

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| Pa      | Your NONPRIORITY Unsecured Claims - 0              | Continuation Page   |                     |
|---------|--|---|---------------------|
| After I | isting any entries on this page, number them b     | peginning with 4.4, followed by 4.5, and so forth.  | Total Claim         |
| 4.29    | Payday Loan Store                                  | Last 4 digits of account number   | <u>\$ 700.00</u>    |
|         | Creditor's Name<br>1020 N Mclean Blvd.             | When was the debt incurred?   |                     |
|         | Number Street                                      | when was the debt incurred?   |                     |
|         | Number Street                                      |   |                     |
|         |  | As of the date you file, the claim is: Check all that apply.  |                     |
|         | Elgin IL 60123                                     | Contingent  |                     |
|         | City State Zip Code                                | Unliquidated  |                     |
| ,       | Who owes the debt? Check one.                      | Disputed  |                     |
|         | Debtor 1 only                                      |   |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                     |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                     |
|         | Check if this claim relates to a                   | that you did not report as priority claims  |                     |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts   |                     |
|         | Is the claim subject to offest?                    | Paul and  |                     |
|         | Yes  | Other. Specify PayDay Loan  |                     |
| 4.30    | Premier Bank                                       | Last 4 digits of account number   | <b>\$</b> 467.00    |
| 4.00    | Creditor's Name                                    |   | · <del></del>       |
|         | PO Box 5147  | When was the debt incurred?   |                     |
|         | Number Street                                      |   |                     |
|         |  | As of the date you file, the claim is: Check all that apply.  |                     |
|         |  | Contingent  |                     |
|         | Sioux Falls SD 57117                               | Unliquidated  |                     |
| ,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                     |
|         | Debtor 1 only                                      |   |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                     |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                     |
|         | Check if this claim relates to a                   | that you did not report as priority claims  |                     |
|         | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts   |                     |
|         | ls the claim subject to offest?                    | <del>_</del>  |                     |
|         | No   | Other. Specify Credit Card or Credit Use  |                     |
|         | Yes Prestige Financial SVC                         | 7607  | <b>*</b> 12 221 00  |
| 4.31    | ] ————————   | Last 4 digits of account number7687   | \$ <u>13,331.00</u> |
|         | Creditor's Name 351 W Opportunity Way              | When was the debt incurred? 2010-09-10  |                     |
|         | Number Street                                      |   |                     |
|         |  | As of the date you file, the claim is: Check all that apply.  |                     |
|         |  | Contingent  |                     |
|         | Draper UT 84020                                    | Unliquidated  |                     |
| l .     | City State Zip Code                                | Disputed  |                     |
| '       | Who owes the debt? Check one.                      | LI Disputed   |                     |
|         | Debtor 1 only                                      |   |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                     |
|         | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                     |
|         | Check if this claim relates to a community debt    | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                     |
|         | Is the claim subject to offest?                    | Debte to pension of profit-sharing plane, and other similar debts   |                     |
|         | No   | Other. Specify  |                     |
|         | Yes  |   |                     |

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| Pa    | Your NONPRIORITY Unsecured Claims - 0             | Continuation Page   |                     |
|-------|---|---|---------------------|
| After | listing any entries on this page, number them b   | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim         |
| 4.32  | RJM Acquisitions LLC                              | Last 4 digits of account number                                   | \$ <u>0.00</u>      |
|       | Creditor's Name                                   |   |                     |
|       | 575 Underhill Blvd Ste 224                        | When was the debt incurred?                                       |                     |
|       | Number Street                                     |   |                     |
|       |   | As of the date you file, the claim is: Check all that apply.      |                     |
|       | Syosset NY 11791                                  | Contingent  |                     |
|       | City State Zip Code                               | Unliquidated  |                     |
|       | Who owes the debt? Check one.                     | Disputed  |                     |
|       | Debtor 1 only                                     |   |                     |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                        | Student loans   |                     |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                  | that you did not report as priority claims                        |                     |
|       | community debt Is the claim subject to offest?    | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | No  | Collecting for Craditor   |                     |
|       | Yes   | Other. Specify Collecting for Creditor                            |                     |
| 4.33  | Callia Maa  | Last 4 digits of account number                                   | <b>\$</b> 9,100.00  |
|       | Creditor's Name                                   | <del></del>   |                     |
|       | PO Box 9500                                       | When was the debt incurred?                                       |                     |
|       | Number Street                                     |   |                     |
|       |   | As of the date you file, the claim is: Check all that apply.      |                     |
|       | Million David                                     | Contingent  |                     |
|       | Wilkes Barre PA 18773                             | Unliquidated  |                     |
|       | City State Zip Code Who owes the debt? Check one. | Disputed  |                     |
|       | Debtor 1 only                                     |   |                     |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                        | Student loans   |                     |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                  | that you did not report as priority claims                        |                     |
|       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | Is the claim subject to offest?                   |   |                     |
|       | Yes   | Other. Specify  |                     |
| 4.34  | Cantandar Canaumar LICA                           | Last 4 digits of account number                                   | <b>\$</b> 15,643.00 |
| 1.01  | Creditor's Name                                   | ·   |                     |
|       | PO Box 560284                                     | When was the debt incurred?                                       |                     |
|       | Number Street                                     |   |                     |
|       |   | As of the date you file, the claim is: Check all that apply.      |                     |
|       | F 114 11 TV 75050                                 | Contingent  |                     |
|       | Fort Worth TX 75356                               | Unliquidated  |                     |
|       | City State Zip Code Who owes the debt? Check one. | Disputed  |                     |
|       | Debtor 1 only                                     |   |                     |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                        | Student loans   |                     |
|       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                  | that you did not report as priority claims                        |                     |
|       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | Is the claim subject to offest?                   | _   |                     |
|       | ■ No  | Other. Specify  |                     |
|       | Yes   |   |                     |

Page 31 of 67 Number (if known) Document Debtor 1 Syreeta

Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | isting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
|----------|--|---|------------------|
| 4.35     | Secretary of State                                 | Last 4 digits of account number                                   | \$ <u>0.00</u>   |
|          | Creditor's Name                                    |   |                  |
|          | PO Box 7848  | When was the debt incurred?                                       |                  |
|          | Number Street                                      |   |                  |
|          | 10th Floor   | As of the date you file, the claim is: Check all that apply.      |                  |
|          |  | Contingent  |                  |
|          | Madison WI 53707                                   | Unliquidated  |                  |
| ١,       | City State Zip Code                                | Disputed  |                  |
| ``       | Who owes the debt? Check one.                      | □   |                  |
|          | Debtor 1 only                                      |   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| !        | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
| !        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| ١.       | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                  |
| l i      | No   | Auto Assidant   |                  |
| 1        | Yes  | Other. Specify Auto Accident                                      |                  |
| 4.36     | Syncb/CARE CREDIT                                  | Last 4 digits of account number NULL                              | \$ 903.00        |
| 4.30     | Creditor's Name                                    |   | *                |
|          | 950 Forrer Blvd                                    | When was the debt incurred? 2016-2017                             |                  |
|          | Number Street                                      |   |                  |
|          |  | As of the date you file, the claim is: Check all that apply.      |                  |
|          |  |   |                  |
|          | Kettering OH 45420                                 | Contingent  |                  |
|          | City State Zip Code                                | Unliquidated  |                  |
| <u> </u> | Who owes the debt? Check one.                      | Disputed  |                  |
|          | Debtor 1 only                                      |   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|          | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|          | s the claim subject to offest?                     |   |                  |
|          | No   | Other. Specify Credit Card or Credit Use                          |                  |
|          | Yes  | FOAF  | * 050 00         |
| 4.37     | Tempoe LLC   | Last 4 digits of account number 5215                              | <u>\$ 952.00</u> |
|          | Creditor's Name<br>2653 W Oxford Loop              | When was the debt incurred? 2016-2016                             |                  |
|          |  |   |                  |
|          | Number Street                                      |   |                  |
|          |  | As of the date you file, the claim is: Check all that apply.      |                  |
|          | Oxford MS 38655                                    | Contingent  |                  |
|          |  | Unliquidated  |                  |
| ١ ١      | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|          | Debtor 1 only                                      |   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|          | =  | that you did not report as priority claims                        |                  |
| '        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| 1        | s the claim subject to offest?                     |   |                  |
|          | No   | Other. Specify Collecting for Creditor                            |                  |
|          | Yes  |   |                  |

Official Form 106E/F

Page 32 of 67 Case Number (if known) Document Syreeta Debtor 1

| Pa      | Your NONPRIORITY Unsecured Claims - Co             | ntinuation Page  |                     |
|---------|--|--|---------------------|
| After I | isting any entries on this page, number them be    | ginning with 4.4, followed by 4.5, and so forth.                   | Total Claim         |
| 4.38    | Tempoe LLC   | Last 4 digits of account number 0648                               | \$ <u>1,067.00</u>  |
|         | Creditor's Name                                    | 2016 2016  |                     |
|         | 2653 W Oxford Loop                                 | When was the debt incurred? 2016-2016                              |                     |
|         | Number Street                                      |  |                     |
|         |  | As of the date you file, the claim is: Check all that apply.       |                     |
|         |  | Contingent   |                     |
|         | Oxford MS 38655                                    | Unliquidated   |                     |
| Ι,      | City State Zip Code  Who owes the debt? Check one. | Disputed   |                     |
|         | Debtor 1 only                                      |  |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
|         | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
|         |  | that you did not report as priority claims                         |                     |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|         | s the claim subject to offest?                     | Debts to pension of profit-sharing plans, and other similar debts  |                     |
|         | No   | Other. Specify Collecting for Creditor                             |                     |
|         | Yes  | Other. Specify   |                     |
| 4.39    | Travelers Indemnity Company                        | Last 4 digits of account number                                    | <b>\$</b> 20,927.00 |
|         | Creditor's Name                                    |  |                     |
|         | PO Box 660307                                      | When was the debt incurred?  |                     |
|         | Number Street                                      |  |                     |
|         |  | As of the date you file, the claim is: Check all that apply.       |                     |
|         |  | Contingent   |                     |
|         | Dallas TX 75266                                    | Unliquidated   |                     |
| Ι,      | City State Zip Code                                | Disputed   |                     |
|         | Who owes the debt? Check one.                      |  |                     |
|         | Debtor 1 only                                      | T. (NONDRIGHTY)  |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
|         | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
|         | Check if this claim relates to a                   | that you did not report as priority claims                         |                     |
|         | community debt<br>Is the claim subject to offest?  | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|         | No   | Other. Specify Credit Extended to Debtor(S)                        |                     |
| 1       | Yes  | Other. Specify   |                     |
| 4.40    | US Cellular  | Last 4 digits of account number                                    | <b>\$</b> 336.00    |
|         | Creditor's Name                                    |  |                     |
|         | PO Box 7835  | When was the debt incurred?  |                     |
|         | Number Street                                      |  |                     |
|         |  | As of the date you file, the claim is: Check all that apply.       |                     |
|         |  | Contingent   |                     |
|         | Madison WI 53707-7835                              | Unliquidated   |                     |
| Ι,      | City State Zip Code  Who owes the debt? Check one. | Disputed   |                     |
|         | Debtor 1 only                                      |  |                     |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
|         | Debtor 1 and Debtor 2 only                         | Student loans  |                     |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
|         |  | that you did not report as priority claims                         |                     |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts  |                     |
|         | s the claim subject to offest?                     | 555.6 to porioral or proint orienting pierro, error oriented doute |                     |
|         | No   | Other. Specify Utility Bills/Cellular Service                      |                     |
|         | □ <sub>Vee</sub>                                   | Other, opoury  |                     |

Page 33 of 67 Case Number (if known) Document Syreeta Debtor 1

| Part 2+ Your NONPRIORITY Unsecured Claims - Continuation Page |  |   |                   |
|---|--|---|-------------------|
| After   | listing any entries on this page, number them be | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim       |
| 4.41  | US DEPT OF ED/Glelsi                             | Last 4 digits of account number 8581                              | <u>\$8,271.00</u> |
|   | Creditor's Name                                  | When was the debt incurred? 2010-2017                             |                   |
|   | Po Box 7860                                      | When was the debt incurred?                                       |                   |
|   | Number Street                                    |   |                   |
|   |  | As of the date you file, the claim is: Check all that apply.      |                   |
|   | Madison WI 53707                                 | Contingent  |                   |
|   | City State Zip Code                              | Unliquidated  |                   |
|   | Who owes the debt? Check one.                    | Disputed  |                   |
|   | Debtor 1 only                                    |   |                   |
|   | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                   |
|   | Debtor 1 and Debtor 2 only                       | Student loans   |                   |
|   | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                   |
|   | Check if this claim relates to a                 | that you did not report as priority claims                        |                   |
|   | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                   |
|   | No   | Поио  |                   |
|   | Yes  | Other. Specify  |                   |
| 4.42  | Verizon  | Last 4 digits of account number                                   | \$ <u>700.00</u>  |
|   | Creditor's Name                                  |   |                   |
|   | 404 Brock Drive                                  | When was the debt incurred?                                       |                   |
|   | Number Street                                    |   |                   |
|   |  | As of the date you file, the claim is: Check all that apply.      |                   |
|   | Plannington II 61701                             | Contingent  |                   |
|   | Bloomington IL 61701  City State Zip Code        | Unliquidated  |                   |
|   | Who owes the debt? Check one.                    | Disputed  |                   |
|   | Debtor 1 only                                    |   |                   |
|   | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                   |
|   | Debtor 1 and Debtor 2 only                       | Student loans   |                   |
|   | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                   |
|   | Check if this claim relates to a                 | that you did not report as priority claims                        |                   |
|   | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                   |
|   | No   | Other. Specify Utility Bills/Cellular Service                     |                   |
|   | Yes  | Other. Specify  |                   |
| 4.43  | Mow Cable  | Last 4 digits of account number                                   | <b>\$</b> _150.00 |
|   | Creditor's Name                                  |   |                   |
|   | Box 5715   | When was the debt incurred?                                       |                   |
|   | Number Street                                    |   |                   |
|   | <del></del>                                      | As of the date you file, the claim is: Check all that apply.      |                   |
|   | Carol Stream IL 60197                            | Contingent  |                   |
|   | City State Zip Code                              | Unliquidated  |                   |
|   | Who owes the debt? Check one.                    | Disputed  |                   |
|   | Debtor 1 only                                    |   |                   |
|   | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                   |
|   | Debtor 1 and Debtor 2 only                       | Student loans   |                   |
|   | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                   |
|   | Check if this claim relates to a                 | that you did not report as priority claims                        |                   |
|   | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                   |
|   | No   | Other. Specify Cable Bill   |                   |
| L   | Yes  | оптет. эреспуодого вт   |                   |
|   |  |   |                   |

List Others to Be Notified for a Debt That You Already Listed

Page 34 of 67 Case Number (if known) Document Syreeta Debtor 1

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Clerk, First Mun Div On which entry in Part 1 or Part 2 list the original creditor? 50 W. Washington St., Rm. 1001 Line \_\_1\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number IL 60602 Chicago Last 4 digits of account number \_\_\_\_ \_\_\_ State Zip Code Gary A. Smiley, Esq On which entry in Part 1 or Part 2 list the original creditor? Name Line \_\_1 \_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims 4741 N. Western Ave. Part 2: Creditors with Nonpriority Unsecured Claims Street Number 60625 Last 4 digits of account number \_\_\_\_ \_\_\_\_\_ City State Zip Code InSolve Recovery LLC On which entry in Part 1 or Part 2 list the original creditor? Name 7144 E. Stetson Dr., Ste. 410 Line 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Scottsdale AZ 85251 Last 4 digits of account number \_\_\_\_ \_\_\_ City State Zip Code Clerk, First Mun Div On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Rm. 1001 Line \_\_5 \_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Street Number Chicago II 60602 Last 4 digits of account number \_\_\_\_ \_\_\_\_ State Zip Code Gary A. Smiley, Esq On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims Line 5 of (Check one): 4741 N. Western Ave. Part 2: Creditors with Nonpriority Unsecured Claims Street Number IL 60625 Chicago Last 4 digits of account number \_\_\_\_ \_\_\_ City State Zip Code Arnold Scott Harris PC On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims 111 W Jackson Blvd Ste 600 Line 9 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number Street IL 60604 Chicago Last 4 digits of account number \_\_\_\_ \_\_\_

State Zip Code

City

Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main Page 35 of 67 Case Number (if known) <mark>բ</mark>զբyment Debtor 1 Syreeta First Name Torres Credit Services, Inc.

|  | On which entry in Part 1 or Part 2 list the original creditor?  |
|--|---|
| Name<br>PO Box 189   | Line10 of (Check one):  |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |
| Carlisle         PA         17013           City         State         Zip Code  | Last 4 digits of account number   |
| Contract Callers Inc.  | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name<br>PO Box 212609  | Line 10 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |
| Augusta         GA         30917           City         State         Zip Code   | Last 4 digits of account number   |
| Corinthian Colleges  | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name<br>PO Box 7999  | Line 19 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
| 0.74.01.44   |   |
| Saint Cloud MN 56302  City State Zip Code  | Last 4 digits of account number   |
| Pinnacle Credit Services   | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name<br>PO Box 640   | Line 26 of (Check one):   |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |
| Hopkins         MN         55343           City         State         Zip Code   | Last 4 digits of account number   |
| Clerk, First Mun Div   | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name   | · -   |
| 50 W. Washington St., Rm. 1001  Number Street  | Line 38 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Name of the control o |   |
| Chicago IL 60602   | Last 4 digits of account number   |
| City State Zip Code  |   |
| Maisel & Associates  | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name<br>161 N. Clark #800  | Line 38 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |
| Chicago         IL         60601           City         State         Zip Code   | Last 4 digits of account number   |
| American Infosource  | On which entry in Part 1 or Part 2 list the original creditor?  |
| Name<br>PO Box 71083   | Line 39 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |
| Charlotte NC 28272   | Last 4 digits of account number   |

Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main Case 17-15058 Page 36 of 67 Case Number (if known) Document Syreeta Debtor 1 Last Name First Name Middle Name Credit Management Co. On which entry in Part 1 or Part 2 list the original creditor? Name PO Box 16346 Line 42 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Pittsburgh PA 15242 Last 4 digits of account number \_\_\_\_ \_\_\_ State Zip Code City

Official Form 106E/F

Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main Page 37 of 67 Case Number (if known) **Document** 

Debtor 1 Syreeta

Middle Name

Add the Amounts for Each Type of Unsecured Claim

| ı | 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|---|----|---|---|
| ı |    | Add the amounts for each type of unsecured claim.       |   |

|              |   |     | Total claim  |
|--------------|---|-----|--------------|
| Total claims | 6a. Domestic support obligations  | 6a. | \$0.00       |
| nom rait i   | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$0.00       |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00       |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | 6d. | \$0.00       |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$0.00       |
|              |   |     | Total claim  |
| Total claims | 6f. Student loans   | 6f. | \$           |
| nomi are 2   | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. | \$0.00       |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. | \$0.00       |
|              | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                             | 6i. | \$88,917.42  |
|              | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$116,730.42 |

|                   |                           | Caso 17                                  | 15059 Doc 1                | L Eilad 05/15/1                        | 7 Entered 05/15/17 11:26:22 Dece Main   |
|-------------------|---------------------------|--|----------------------------|--|---|
| Fill              | in this in                | formation to identi                      |                            |  | 7 Entered 05/15/17 11:36:33 Desc Main<br>8 of 67  |
| Deb               | otor 1                    | Syreeta                                  |                            | Hartley                                |   |
|                   |                           | First Name                               | Middle Name                | Last Name                              |   |
|                   | otor 2<br>use, if filing) | First Name                               | Middle Name                | Last Name                              | _   |
| Unit              | ted States                | Bankruptcy Court for                     | the : <u>NORTHERN</u> Dist |  |   |
|                   | se Number                 |  |                            | (State)                                | Check if this is an   |
|                   | -                         | orm 106G                                 |                            |  | amended filing  |
|                   |                           |  | rv Contracts a             | and Unexpired L                        | eases 12  |
| nforma<br>additio | ation. If r               | more space is need<br>s, write your name |                            | page, fill it out, number to<br>nown). | both are equally responsible for supplying correct<br>ne entries, and attach it to this page. On the top of any |
| 50                | _                         | _  |                            |  | s. You have nothing else to report on this form.  |
|                   |                           |  |                            |  | d in Schedule A/B: Property (Official Form 106A/B)  |
| 2 lie             |                           |  |                            |  | rase. Then state what each contract or lease is for (for  |
| exa               | •                         | ent, vehicle lease, o                    |                            |  | instruction booklet for more examples of executory contracts and  |
|                   |                           |  | om you have the contra     | act or lease                           | State what the contract or lease is for   |
| 2.1               | Richton                   | Square Apartment                         | s                          |  |   |
|                   | Name<br>22300 F           | Richton Sq Rd.                           |                            |  |   |
|                   | Number                    | Street                                   |                            |  | <del></del>   |
|                   | Richton<br>City           | Park                                     | IL<br>Sta                  | 60471<br>ate Zip Code                  | <u> </u>  |
| 2.2               | ,                         |  |                            |  |   |
|                   | Name                      |  |                            |  | <del>_</del>  |
|                   | Number                    | Street                                   |                            |  | <del></del>   |
|                   | City                      |  | Sta                        | ate Zip Code                           | <u> </u>  |
| 2.3               |                           |  |                            |  |   |
|                   | Name                      |  |                            |  | <del></del>   |
|                   | Number                    | Street                                   |                            |  |   |
|                   | City                      |  | Sta                        | ute Zip Code                           | <u> </u>  |
|                   | •                         |  |                            | ·                                      |   |
| 2.4               |                           |  |                            |  | <u> </u>  |
|                   | Name                      |  |                            |  |   |
|                   | Number                    | Street                                   |                            |  |   |
|                   | City                      |  | Sta                        | ate Zip Code                           | <del></del>   |
| 2.5               |                           |  |                            |  |   |
|                   | Name                      |  |                            |  | <del></del>   |
|                   | Number                    | Street                                   |                            |  | <del></del>   |

State Zip Code

City

Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main

| Fill in this in     | formation to iden   | ntify your case:                       |                 |
|---------------------|---------------------|--|-----------------|
| Debtor 1            | 1 Syreeta           |  | Hartley         |
|                     | First Name          | Middle Name                            | Last Name       |
| Debtor 2            |                     | · · · · · · · · · · · · · · · · · · ·  |                 |
| (Spouse, if filing) | First Name          | Middle Name                            | Last Name       |
| United States       | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                   |  |                 |
| (If known)          |                     |  |                 |

### Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A       | aditional | Pages, write your name and cas  | e number (if known). Answ         | er every question.   |  |
|-------------|-----------|---|-----------------------------------|----------------------|--|
| 1. <b>D</b> | o you hav | ve any codebtors? (If you are filir   | ng a joint case, do not list eith | ner spouse as a code | btor.)   |
|             | No.       |   |                                   |                      |  |
|             | Yes       |   |                                   |                      |  |
|             |           | last 8 years, have you lived in a<br>alifornia, Idaho, Lousiiana, Nevad                     | • • • •                           | - '                  | unity property states and territories include and Wisconsin.)                    |
|             | No. Go    | o to line 3.  |                                   |                      |  |
|             | Yes. D    | Did your spouse, former spouse, o   | r legal equivalent live with yo   | ou at the time?      |  |
|             | _         |   | erritory did you live?            | Fill in              | the name and current address of that person.                                     |
|             |           |   |                                   |                      |  |
|             | Nar       | me of your spouse, former spouse or legal e   | quivalent                         |                      |  |
|             | Nur       | mber Street   |                                   |                      |  |
|             | City      | <i>y</i>  | State                             | Zip Code             |  |
|             | chedule I | D (Official Form 1665), Scriedule<br>E/F, or Schedule G to fill out Col<br>1: Your codebtor | •                                 | or Scredule G (Onic  | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |
| 3.1         |           |   |                                   |                      | Schedule D, line   |
|             | Name      |   |                                   |                      | Schedule E/F, line   |
|             | Number    | Street  |                                   |                      | Schedule G, line   |
|             | City      |   | State                             | Zip Code             |  |
| 3.2         |           |   |                                   |                      | Schedule D, line   |
|             | Name      |   |                                   |                      | Schedule E/F, line   |
|             | Number    | Street  |                                   |                      | Schedule G, line   |
|             | City      |   | State                             | Zip Code             |  |
| 3.3         |           |   |                                   |                      | Schedule D, line   |
|             | Name      |   |                                   |                      | Schedule E/F, line   |
|             | Number    | Street  |                                   |                      | Schedule G, line   |
|             | City      |   | State                             | Zip Code             |  |

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|                     |                          |                                 | Document    | Page 40 | 01 67                                       |
|---------------------|--------------------------|---------------------------------|-------------|---------|---|
| Fill in this in     | formation to identif     | y your case:                    |             |         |   |
| Debtor 1            | Syreeta                  |                                 | Hartley     | _       |   |
|                     | First Name               | Middle Name                     | Last Name   |         |   |
| Debtor 2            |                          |                                 |             | _       |   |
| (Spouse, if filing) | First Name               | Middle Name                     | Last Name   |         |   |
| United States       | Bankruptcy Court for the | ne : <u>NORTHERN DISTRICT (</u> | DF ILLINOIS |         |   |
| Case Number         | r                        |                                 |             |         | Check if this is:                           |
| (If known)          |                          |                                 |             |         | An amended filing                           |
|                     |                          |                                 |             |         | A supplement showing post-petition          |
|                     |                          |                                 |             |         | chapter 13 income as of the following date: |
| Official F          | orm 106I                 |                                 |             |         | MM / DD / YYYY                              |
|                     |                          |                                 |             |         |   |

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment  |   |                           |              |                                   |
|----|--|---|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information  |   | Debtor 1                  |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status   | X Employed Not employed   | 1            | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.  | Occupation  | Group lead                |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name  | Quest Diagnostic          | s            |                                   |
|    |  | Employers address   | 175 E. Bethel Rd.         |              |                                   |
|    |  |   | Bourbonnais, IL 6         | 60914        | ,                                 |
|    |  |   |                           |              |                                   |
|    |  | How long employed there?  | Since 6/1/2008            |              |                                   |
| Pa | rt 2: Give Details About Month   | ly Income   |                           |              |                                   |
|    | spouse unless you are separated. If you or your non-filing spouse ha                               | he date you file this form. If you have more than one employer, comboe, attach a separate sheet to this | ine the information for a |              | , ,                               |
|    |  |   |                           | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |  | ry and commissions (before all pa<br>calculate what the monthly wage w                                  | •                         | \$4,904.23   | \$0.00                            |
| 3. | Estimate and list monthly overti   | me pay.   |                           | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line   | e 2 + line 3.   |                           | \$4,904.23   | \$0.00                            |
|    |  |   |                           |              |                                   |

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 Record # 744725
 Schedule I: Your Income
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Debtor 1 S

Syreeta Document
Hartley

First Name Middle Name Last Name

Case Number (if known)

|               |                    |  |                   | For Debtor 1             | For Debtor 2 or non-filing spouse |                       |
|---------------|--------------------|--|-------------------|--------------------------|-----------------------------------|-----------------------|
|               | Copy               | y line 4 here  | 4.                | \$4,904.23               | \$0.00                            |                       |
| 5. <b>L</b>   | ist all            | payroll deductions:  |                   |                          |                                   |                       |
|               | 5a. <b>T</b>       | Fax, Medicare, and Social Security deductions  | 5a.<br>_          | \$493.93                 | \$0.00                            |                       |
|               | 5b. <b>N</b>       | Mandatory contributions for retirement plans   | 5b.<br>_          | \$0.00                   | \$0.00                            |                       |
|               | 5c. <b>V</b>       | oluntary contributions for retirement plans  | 5c.               | \$0.00                   | \$0.00                            |                       |
|               | 5d. <b>F</b>       | Required repayments of retirement fund loans   | 5d.               | \$0.00                   | \$0.00                            |                       |
|               | 5e. <b>I</b>       | nsurance   | 5e.               | \$790.90                 | \$0.00                            |                       |
|               | 5f. <b>C</b>       | Domestic support obligations   | 5f.<br>           | \$0.00                   | \$0.00                            |                       |
|               | 5g. <b>L</b>       | Jnion dues   | 5g.               | \$0.00                   | \$0.00                            |                       |
|               | 5h. <b>C</b>       | Other deductions. Specify: Life Insurance(D1),   | 5h.               | \$34.04                  | \$0.00                            |                       |
| 6. <b>A</b>   | dd the             | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.                | \$1,318.87               | \$0.00                            |                       |
| 7. C          | alcula             | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$3,585.36               | \$0.00                            |                       |
| 8. <b>L</b> i | st all             | other income regularly received:   | _                 |                          |                                   |                       |
|               | 8a.                | Net income from rental property and from operating a business,   |                   |                          |                                   |                       |
|               |                    | profession, or farm  |                   |                          |                                   |                       |
|               |                    | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |                   |                          |                                   |                       |
|               |                    | monthly net income.  | 8a.               | \$0.00                   | \$0.00                            |                       |
|               | 8b.                | Interest and dividends   | 8b.               | \$0.00                   | \$0.00                            |                       |
|               | 8c.                | Family support payments that you, a non-filing spouse, or a  | 8c.               | \$ 0.00                  | \$ 0.00                           |                       |
|               |                    | dependent regularly receive  |                   |                          |                                   |                       |
|               |                    | Include alimony, spousal support, child support, maintenance, divorce  |                   |                          |                                   |                       |
|               |                    | settlement, and property settlement.   |                   |                          |                                   |                       |
|               | 8d.                | Unemployment compensation  | 8d.               | \$0.00                   | \$0.00                            |                       |
|               | 8e.                | Social Security  | 8e.               | \$0.00                   | \$0.00                            |                       |
|               | 8f.                | Other government assistance that you regularly receive   | 8f.               | \$0.00                   | \$0.00                            |                       |
|               |                    | Include cash assistance and the value (if known) of any non-cash   |                   |                          |                                   |                       |
|               |                    | assistance that you receive, such as food stamps (benefits under the   |                   |                          |                                   |                       |
|               |                    | Supplemental Nutrition Assistance Program) or housing subsidies.   |                   |                          |                                   |                       |
|               |                    | Specify:   |                   |                          |                                   |                       |
|               | 8g.                | Pension or retirement income   | 8g.<br>—          | \$0.00                   | \$0.00                            |                       |
|               | 8h.                | Other monthly income. Specify:   | 8h.<br>—          | \$0.00                   | \$0.00                            |                       |
| 9.            | Add                | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9                 | \$0.00                   | \$0.00                            |                       |
| 10.           | Calc               | ulate monthly income. Add line 7 + line 9.   | 10.               | \$3,585.36 +             | \$0.00                            | \$3,585.36            |
|               | Add                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | _                 | ψ0,000.00                | ψ0.00                             | \$3,363.36            |
| 11.           | Incluother<br>Do n | e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, your friends or relatives.  In the contribution of the contr | our dependen      | p pay expenses listed in | Schedule J.                       | 11. \$0.00            |
| 12.           | Add                | the amount in the last column of line 10 to the amount in line 11. The re  | sult is the com   | bined monthly income.    |                                   |                       |
|               | Write              | e that amount on the Summary of Schedules and Statistical Summary of C   | ertain Liabilitie | •                        | applies                           | 12. <b>\$3,585.36</b> |
| 13.           | X                  | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:   | n?                |                          |                                   |                       |

| F    | ill in this ir     | nformation to identif                       | fy your case:  | :                   |   | 2 0. 0.              |                 |                     |                               |                 |
|------|--------------------|---|----------------|---------------------|---|----------------------|-----------------|---------------------|-------------------------------|-----------------|
| [    | Debtor 1           | Syreeta<br>First Name                       | Mide           | dle Name            | Hartley  Last Name  | Ch                   | eck if this is: | ed filing           |                               |                 |
|      | Debtor 2           | First Name                                  | Mid            | dle Name            | Last Name   |                      |                 |                     | t-petition chapter 13         |                 |
|      | Spouse, if filing) | Bankruptcy Court for th                     |                |                     |   |                      | income as       | of the following of | date:                         |                 |
|      | Case Number        |   | . <u>NOITH</u> | ILINI DISTRICT C    | T ILLINOIS  |                      | MM / DD /       | YYYY                |                               |                 |
|      | (If known)         | •   |                |                     |   |                      | A               | filing for Dobton   | 2 hassus Dahtar 2             |                 |
|      |                    | orm 106J                                    |                |                     |   |                      |                 | a separate house    | 2 because Debtor 2 ehold.     |                 |
|      |                    | e J: Your E                                 |                |                     |   |                      |                 |                     |                               | 12/14           |
| mor  |                    |   |                |                     | le are filing together, both<br>ne top of any additional pa |                      |                 |                     |                               |                 |
| Pa   | art 1:             | Describe Your Housel                        | hold           |                     |   |                      |                 |                     |                               |                 |
| 1.   | Is this a joi      |   |                |                     |   |                      |                 |                     |                               |                 |
|      |                    | Go to line 2.  Does Debtor 2 live in        | n a separate   | household?          |   |                      |                 |                     |                               |                 |
|      | Ш                  | No.   | ·              |                     |   |                      |                 |                     |                               |                 |
|      |                    | Yes. Debtor 2                               | must file a se | eparate Schedu      | e J.  |                      |                 |                     |                               |                 |
| 2.   | _                  | have dependents?                            |                | No No               |   | Dependent's rel      |                 | Dependent's age     | Does dependent live with you? |                 |
|      | Do not il          | st Debtor 1 and                             | D              |                     | this information for dent                                   | Son                  |                 |                     | No                            |                 |
|      |                    | tate the dependents'                        |                |                     |   | Son                  |                 | 19                  | Yes                           |                 |
|      | names.             |   |                |                     |   |                      |                 |                     | x No                          |                 |
|      |                    |   |                |                     |   |                      |                 |                     | Yes                           |                 |
|      |                    |   |                |                     |   |                      |                 |                     | X No                          |                 |
|      |                    |   |                |                     |   |                      |                 |                     | Yes                           |                 |
|      |                    |   |                |                     |   |                      |                 |                     | Yes                           |                 |
|      |                    |   |                |                     |   |                      |                 |                     | X No                          |                 |
|      |                    |   |                |                     |   |                      |                 |                     | Yes                           |                 |
| 3.   | Do your            | expenses include                            |                | X No                |   |                      |                 |                     |                               |                 |
|      | •                  | es of people other the<br>and your dependen |                | Yes                 |   |                      |                 |                     |                               |                 |
| Pa   | art 2:             | Estimate Your Ongoin                        | na Monthly Fy  | menses              |   |                      |                 |                     |                               |                 |
|      |                    |   |                |                     | ess you are using this forn                                 | n as a supplement in | a Chapter 13    | case to report      |                               |                 |
|      | enses as c         |   | nkruptcy is    | filed. If this is a | supplemental Schedule J,                                    | check the box at the | top of the for  | m and fill in       |                               |                 |
|      |                    |   | n-cash gove    | ernment assista     | nce if you know the value                                   |                      |                 |                     |                               |                 |
| of s | uch assist         | ance and have inclu                         | uded it on So  | chedule I: Your     | Income (Official Form 1061.                                 | )                    |                 |                     | Your expenses                 |                 |
| 4.   | The ren            | tal or home ownersh                         | hip expense:   | s for your resid    | ence. Include first mortgage                                | e payments and       |                 |                     |                               |                 |
|      | -                  | for the ground or lot                       | t.             |                     |   |                      |                 | 4.                  | \$96                          | 0.00            |
|      |                    |   |                |                     |   |                      |                 | 4 -                 | đ                             | 20 02           |
|      |                    | eal estate taxes<br>operty, homeowner's     | or renterio    | ingurance           |   |                      |                 | 4a.<br>4b.          |                               | \$0.00<br>20.00 |
|      |                    | ome maintenance, re                         |                |                     |   |                      |                 | 40.<br>4c.          |                               | 50.00           |
|      |                    | ome maintenance, re<br>omeowner's associati |                |                     |   |                      |                 | 4c.<br>4d.          |                               | \$0.00          |
|      |                    |   |                |                     |   |                      |                 |                     |                               |                 |

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Document

Syreeta

Debtor 1

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Case Number (if known)

First Name Middle Name Last Name Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$200.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$385.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$550.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$110.00 9. Clothing, laundry, and dry cleaning 10. \$80.00 Personal care products and services 10. \$30.00 11. Medical and dental expenses 11. \$385.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 Charitable contributions and religious donations 14. 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$200.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$482.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

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Case Number (if known)

Syreeta Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$80.00 21. Other. Specify: Life Insurance (\$80.00), 21. \$3,532.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,585.36 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,532.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$53.36 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 744725 Schedule J: Your Expenses Page 3 of 3

| Fill in this in            | nformation to ident | tify your case:                   |                     |
|----------------------------|---------------------|-----------------------------------|---------------------|
| Debtor 1                   | Syreeta             |                                   | Hartley             |
|                            | First Name          | Middle Name                       | Last Name           |
| Debtor 2                   |                     |                                   |                     |
| (Spouse, if filing)        | First Name          | Middle Name                       | Last Name           |
| United States  Case Number |                     | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| (If known)                 |                     |                                   |                     |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |    |
|--|---|----|
| Did you pay or agree to pay someone who is NOT               | an attorney to help you fill out bankruptcy forms?  |    |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, a Signature (Official Form 119). | nd |
|  |   |    |
| Under penalty of perjury, I declare that I have reaccorrect. | I the summary and schedules filed with this declaration and that they are true and          |    |
| ★ /s/ Syreeta Hartley  | <b>X</b>  |    |
| Signature of Debtor 1  | Signature of Debtor 2   |    |
| Date 05/09/2017<br>MM / DD / YYYY                            | DateMM / DD / YYYY  |    |

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| Fill in this in           | formation to ide | entify your case:                       |                 |
|---------------------------|------------------|---|-----------------|
| Debtor 1                  | Syreeta          |   | Hartley         |
|                           | First Name       | Middle Name                             | Last Name       |
| Debtor 2                  |                  |   |                 |
| (Spouse, if filing)       | First Name       | Middle Name                             | Last Name       |
| United States             | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u> |
| Cara Niverbay             | _                |   | (State)         |
| Case Number<br>(If known) |                  |   | _               |
|                           |                  |   |                 |

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|     | number (if known). Answer every question.  |  |  |                               |  |  |
|-----|--|--|--|-------------------------------|--|--|
| P   | Give Details About Your Marital Status and Where Yo  | ou Lived Before                              |  |                               |  |  |
| 01. | 01. What is your current marital status?   |  |  |                               |  |  |
|     | Married  |  |  |                               |  |  |
|     | Not married  |  |  |                               |  |  |
| 02  | During the last 3 years, have you lived anywhere other tha   | n where you live nov                         | w?   |                               |  |  |
|     | No.  |  | The same   |                               |  |  |
|     | Yes. List all of the places you lived in the last 3 years. Do  | o not include where yo                       | ou live now.   |                               |  |  |
|     | Debtor 1   | Dates Debtor 1<br>lived there                | Debtor 2:  | Dates Debtor 2<br>lived there |  |  |
| 03  | Within the last 8 years, did you ever live with a spouse or I property states and territories include Arizona, California, and Wisconsin.) | egal equivalent in a<br>Idaho, Louisiana, Ne | community property state or territory? (Community evada, New Mexico, Puerto Rico, Texas, Washington, |                               |  |  |
|     | No.  | (Official Farms 40011)                       |  |                               |  |  |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (   | Official Form 106H).                         |  |                               |  |  |
|     |  |  |  |                               |  |  |
| F   | Explain the Sources of Your Income   |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |
|     |  |  |  |                               |  |  |

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| Debto | r 1   | Syreeta  |                  | Hartley                                   |   | Case Number (if known)                    | <del></del>   |
|-------|-------|--|------------------|---|---|---|---|
|       |       | First Name   | Middle Name      | Last Name                                 |   |   |   |
|       | Fill  | you have any income from en<br>in the total amount of income you<br>ou are filing a joint case and you | ou received from | m all jobs and all business               | ses, including part-time activ                        | vities.                                   |   |
|       |       | No.  |                  |   |   |   |   |
|       | •     | Yes. Fill in the details   |                  |   |   |   |   |
|       |       |  |                  | Debtor 1                                  |   | Debtor 2                                  |   |
|       |       |  |                  | Sources of income<br>Check all that apply | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply | Gross income<br>(before deductions and<br>exclusions) |
|       |       | From January 1 of current yea  | ar until         | Wages, commissions,                       | \$20,371  | Wages, commissions,                       |   |
|       |       | the date you filed for bankrup   | tcv:             | bonuses, tips                             |   | bonuses, tips                             |   |
|       |       |  | •                | Operating a business                      |   | Operating a business                      |   |
| _     |       | For last calendar year:  |                  | Wages, commissions,                       | \$49,847  | Wages, commissions,                       |   |
|       |       | (January 1 to December 31, 20  | 016)             | bonuses, tips                             |   | bonuses, tips                             |   |
|       |       |  |                  | Operating a business                      |   | Operating a business                      |   |
|       |       | For the calendar year before t   | hat:             | Wages, commissions,                       | \$49,000 est  | Wages, commissions,                       |   |
|       |       | (January 1 to December 31, 20  | 015)             | bonuses, tips  Operating a business       |   | bonuses, tips  Operating a business       |   |
|       |       |  |                  | Operating a business                      |   | Operating a business                      |   |
|       |       | each source and the gross inco No. Yes. Fill in the details  | ome from each    | source separately. Do not                 | t include income that you lis                         | eted in line 4.                           |   |
| '     |       |  |                  | Debtor 1                                  |   | Debtor 2                                  |   |
|       |       |  |                  | Sources of income<br>Describe below.      | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.      | Gross income<br>(before deductions and<br>exclusions) |
|       |       | For last calendar year:  |                  | 401K withdrawal                           | \$2,659   |   |   |
|       |       | (January 1 to December 31, 20  | 116)             |   |   |   |   |
|       |       | (cumumy ) to December 01, 21   | ,                |   |   |   |   |
|       |       | For last calendar year:  |                  | 401 withdrawal                            | \$5,000   |   |   |
|       |       | (January 1 to December 31, 20  | 015)             |   |   |   |   |
|       |       |  |                  |   |   |   |   |
| Pa    | art 3 | List Certain Payments You  | ı Made Before Y  | ou Filed for Bankruptcy                   |   |   |   |
|       |       |  |                  |   |   |   |   |
|       |       |  |                  |   |   |   |   |
|       |       |  |                  |   |   |   |   |
|       |       |  |                  |   |   |   |   |
|       |       |  |                  |   |   |   |   |
|       |       |  |                  |   |   |   |   |

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Debtor 1 Syreeta Document Hartley Case Number (if known) \_\_\_\_\_\_\_

| Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  |   |   |  |   |   |   |
|--|---|---|--|---|---|---|
|  | _   | ebtor 1 nor Debtor 2 has primarily co   |  |   | in 11 U.S.C. § 101(8) a                               | s   |
|  | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? |   |  |   |   |   |
|  | ☐ No. G   | o to line 7.  |  |   |   |   |
| Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. |   |   |  |   |   |   |
|  | _   | or Debtor 2 or both have primarily of e 90 days before you filed for bankrup  |  | ny creditor a total of \$600                                | or more?  |   |
|  | _   | o to line 7.  | otcy, did you pay a                        | ny creditor a total or \$000                                | or more:  |   |
|  | credito   | ist below each creditor to whom you por. Do not include payments for domeny. Also, do not include payments to a   | stic support obligat                       | tions, such as child suppor                                 |   |   |
|  |   |   | Dates of payments                          | Total amount paid   | Amount you still o                                    | owe Was this payment for  |
|  |   | edit Acceptance Po Box 513  outhfield MI 48037  | Monthly                                    | \$ 1,443  | \$ 14,198   | <ul> <li>Mortgage</li> <li>Car</li> <li>Credit card</li> <li>Loan repayment</li> <li>Suppliers or vendors</li> <li>Other</li> </ul> |
| 07   | Insiders include you corporations of white agent, including one such as child support No.                 | e you filed for bankruptcy, did you ma<br>ur relatives; any general partners; rela<br>ch you are an officer, director, person<br>e for a business you operate as a sole<br>ort and alimony. | ntives of any general in control, or owner | al partners; partnerships o<br>er of 20% or more of their v | f which you are a genera<br>voting securities; and an | y managing  |
|  |   |   | Dates of payment                           |   | Amount you still owe                                  | Reason for this payment   |
| 08   | an insider? Include payments o  | e you filed for bankruptcy, did you ma<br>on debts guaranteed or cosigned by an<br>orments to an insider.   |  | or transfer any property on                                 | account of a debt that b                              | penefited   |
|  | Tes. List all pay   | ments to an insider.  | Dates of payment                           |   | Amount you still owe                                  | Reason for this payment Include creditor's name   |
| F  | art 4: Identify Le  | gal actions, Repossessions, and Forec   |  | paid  | 0.110   | morado dicultor e name  |
|  |   |   |  |   |   |   |

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| otor 1   | Syreeta  |  |   |                       |  |  |  |  |
|--|--|--|---|-----------------------|--|--|--|--|
|  | First Name Middle Name   | Last Name  |   |                       |  |  |  |  |
| Lis  | thin 1 year before you filed for bankruptcy, we<br>t all such matters, including personal injury ca<br>difications, and contract disputes.   |  | ort action, or administrative proceeding?<br>es, collection suits, paternity actions, support or cu | stody                 |  |  |  |  |
|  | No.  |  |   |                       |  |  |  |  |
|  | Yes. Fill in the details.  |  |   |                       |  |  |  |  |
|  |  | Nature of the case   | Court or agency   | Status of the case    |  |  |  |  |
|  | Aaa Checkmate Llc VS Syreeta Hartley   | Collection   | Circuit Court of Cook County, First   | Pending               |  |  |  |  |
|  | CASE NUMBER#11M1130021   |  | Municipal District  | On appeal             |  |  |  |  |
|  |  |  |   | Concluded             |  |  |  |  |
|  |  |  |   |                       |  |  |  |  |
|  |  |  |   |                       |  |  |  |  |
|  | Brother Loan And Finance Co VS   | Collection   | Circuit Court of Cook County, First   | Pending               |  |  |  |  |
|  | Syreeta Hartley  |  | Municipal District  | On appeal             |  |  |  |  |
|  | CASE NUMBER#11M1131003   |  |   | Concluded             |  |  |  |  |
|  |  |  |   |                       |  |  |  |  |
|  | Transfer Indonésia Community   | O. H. o. C. o.   | Oissail Ossail Ossail Find  | Dendine.              |  |  |  |  |
|  | Travelers Indemnity Company VS   | Collection   | Circuit Court of Cook County, First   | ☐ Pending ☐ On appeal |  |  |  |  |
|  | Syreeta Hartley  |  | Municipal District  | Concluded             |  |  |  |  |
|  | CASE NUMBER#16M1107671   |  |   | Concluded             |  |  |  |  |
|  |  |  |   |                       |  |  |  |  |
| Wit  | thin 1 year before you filed for bankruptcy, wa  | is any of your property repossess  | ed, foreclosed, garnished, attached, seized, or levi  | ied?                  |  |  |  |  |
|  | ithin 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? neck all that apply and fill in the details below.   |  |   |                       |  |  |  |  |
| Ch   | con all that apply and his in the actails below.   |  |   |                       |  |  |  |  |
| _  | No. Go to line 11  |  |   |                       |  |  |  |  |
|  |  |  |   |                       |  |  |  |  |
| Wit  | No. Go to line 11  Yes. Fill in the information below.   |  | ank or financial institution, set off any amounts f   | from your accounts    |  |  |  |  |
| Wit  | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11 Yes. Fill in the information below.   | ed a debt?   |   |                       |  |  |  |  |
| Witt cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or another the second s | ed a debt?<br>was any of your property in the  | ank or financial institution, set off any amounts f   |                       |  |  |  |  |
| Witt cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.   | ed a debt?<br>was any of your property in the  |   |                       |  |  |  |  |
| Witt cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or another the second s | ed a debt?<br>was any of your property in the  |   |                       |  |  |  |  |
| Witt cou   | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11 Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  | ed a debt?<br>was any of your property in the  |   |                       |  |  |  |  |
| With cou   | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11 Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  | ed a debt?<br>was any of your property in the<br>ner official?   | possession of an assignee for the benefit of crec   |                       |  |  |  |  |
| With or I  | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11 Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions  | ed a debt?<br>was any of your property in the<br>ner official?   | possession of an assignee for the benefit of crec   |                       |  |  |  |  |
| Wift cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.  Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy.   | ed a debt?<br>was any of your property in the<br>ner official?   | possession of an assignee for the benefit of crec   |                       |  |  |  |  |
| Wift Cou   | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11 Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy. No. Yes. Fill in the details for each gift.  | ed a debt?  was any of your property in the ner official?  | possession of an assignee for the benefit of crec   | litors, a             |  |  |  |  |
| With course with the wind with the wind with the wind with the wind wind wind wind wind wind wind wind   | No. Go to line 11 Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11 Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy. No. Yes. Fill in the details for each gift.  | ed a debt?  was any of your property in the ner official?  | possession of an assignee for the benefit of cred   | litors, a             |  |  |  |  |
| With the court with t | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe  No. Go to line 11  Yes. Fill in the information below.  thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.  Yes.  List Certain Gifts and Contributions  thin 2 years before you filed for bankruptcy  No.  Yes. Fill in the details for each gift.  thin 2 years before you filed for bankruptcy   | ed a debt?  was any of your property in the ner official?  | possession of an assignee for the benefit of cred   | litors, a             |  |  |  |  |
| With the course of the course  | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.  Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.   | ed a debt?  was any of your property in the ner official?  | possession of an assignee for the benefit of cred   | litors, a             |  |  |  |  |
| Witt cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.  Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.   | ed a debt?  was any of your property in the ner official?  | possession of an assignee for the benefit of cred   | litors, a             |  |  |  |  |
| Witt cou   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you owe No. Go to line 11  Yes. Fill in the information below. thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No.  Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.  List Certain Losses  | ed a debt?  was any of your property in the per official?  did you give any gifts with a to did you give any gifts or contri | possession of an assignee for the benefit of cred   | ny charity?           |  |  |  |  |
| With could with with gard  | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11  Yes. Fill in the information below. Thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. Thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.  List Certain Losses  thin 1 year before you filed for bankruptcy ombling?  No.  | ed a debt?  was any of your property in the per official?  did you give any gifts with a to did you give any gifts or contri | possession of an assignee for the benefit of credital value of more than \$600 per person?          | ny charity?           |  |  |  |  |
| With could with with gard  | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11  Yes. Fill in the information below. Thin 1 year before you filed for bankruptcy, vart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. Thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.  List Certain Losses  thin 1 year before you filed for bankruptcy ombling?   | ed a debt?  was any of your property in the per official?  did you give any gifts with a to did you give any gifts or contri | possession of an assignee for the benefit of credital value of more than \$600 per person?          | ny charity?           |  |  |  |  |
| With could with gard   | No. Go to line 11  Yes. Fill in the information below.  thin 90 days before you filed for bankruptcy refuse to make a payment because you own No. Go to line 11  Yes. Fill in the information below. Thin 1 year before you filed for bankruptcy, wart-appointed receiver, a custodian, or anoth No. Yes.  List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift. Thin 2 years before you filed for bankruptcy No.  Yes. Fill in the details for each gift.  List Certain Losses  thin 1 year before you filed for bankruptcy ombling?  No.  Yes. Fill in the details for each gift.   | ed a debt?  was any of your property in the per official?  did you give any gifts with a to did you give any gifts or contri | possession of an assignee for the benefit of credital value of more than \$600 per person?          | ny charity?           |  |  |  |  |

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Case Number (if known) \_\_

Hartley

|    | First Name Middle   | Name                            | Last Name   |                              |               |                          |                    |      |
|----|---|---------------------------------|---|------------------------------|---------------|--------------------------|--------------------|------|
| 16 | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |                                 |   |                              |               |                          |                    |      |
|    | <ul><li>No.</li><li>Yes. Fill in the details</li></ul>  |                                 |   |                              |               |                          |                    |      |
|    | Party Contact Info  |                                 | Description and value of                              | any property transferred     | i             | Date payment or transfer | nt Amount of pay   | ment |
|    | Geraci Law L.L.C.   |                                 |   |                              |               |                          | \$1,500.00         |      |
|    | 55 E. Monroe Street #3400   |                                 |   |                              |               |                          |                    |      |
|    | Chicago,IL 60603  |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
|    | Party Contact Info  |                                 | Description and value of                              | any property transferred     | i             | Date payment or transfer | nt Amount of pay   | ment |
|    | Hananwill Credit Counseling   |                                 | Credit Counseling Services                            | 5                            |               | 2017                     | \$25.00            |      |
|    | 115 N. Cross St.  |                                 |   |                              |               |                          |                    |      |
|    | Robinson, IL 62454  |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
| 17 | Within 1 year before you filed for ban<br>promised to help you deal with your or<br>Do not include any payment or transf  | creditors or to                 | make payments to your cre                             |                              | sfer any pro  | perty to anyor           | ne who             |      |
|    | No.   |                                 |   |                              |               |                          |                    |      |
|    | Yes. Fill in the details.   |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
| 18 | Within 2 years before you filed for battransferred in the ordinary course of Include both outright transfers and tr Do not include gifts and transfers that   | your business<br>ansfers made a | or financial affairs?<br>as security (such as the gra | unting of a security inter   |               |                          | -                  |      |
|    | No.   |                                 |   |                              |               |                          |                    |      |
|    | Yes. Fill in the details for each gift.   |                                 |   |                              |               |                          |                    |      |
| 19 | Within 10 years before you filed for b beneficiary? (These are often called a   |                                 |   | to a self-settled trust or s | similar devid | e of which yo            | ou are a           |      |
|    | ■ No.  ☐ Yes. Fill in the details for each gift.  |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |
| F  | art 8: List Certain Financial Accounts  | s, Instruments,                 | Safe Deposit Boxes, and Stor                          | rage Units                   |               |                          |                    |      |
| 20 | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage                             |                                 |   |                              |               |                          |                    |      |
|    | houses, pension funds, cooperatives   | , associations,                 | and other financial institut                          | ions.                        |               |                          |                    |      |
|    | No.   |                                 |   |                              |               |                          |                    |      |
|    | Yes. Fill in the details.   | last Ad                         | ligits of account number                              | Type of account or           | Date accoun   | nt was                   | ast balance before |      |
|    |   | Last 4 0                        | ligits of account number                              | instrument                   | closed, sold  | d, moved, c              | losing or transfer |      |
|    |   |                                 |   |                              |               |                          |                    |      |
|    |   |                                 |   |                              |               |                          |                    |      |

Syreeta

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Syreeta Hartley Case Number (if known) Debtor 1 First Name Middle Name Last Name Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do vou still have it? Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No.  $\hfill \hfill \hfill$ Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Fill in the details. Court or agency Nature of the case Status of the case Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation

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|          |  |                                 | Document                     | 1 age 32 01 01   |
|----------|--|---------------------------------|------------------------------|--|
| Debtor 1 | Syreeta  |                                 | Hartley                      | Case Number (if known)   |
|          | First Name   | Middle Name                     | Last Name                    |  |
|          | No. None of the above                              | ve applies. Go to Part 12.      |                              |  |
|          |  | • •                             |                              |  |
| Ц        | Yes. Check all that a                              | apply above and fill in the det | ails below for each busine   | 38.  |
| 20 145   | 41.  | Charles I and Charles           |                              |  |
|          | tnin 2 years before ye<br>stitutions, creditors, c | • • •                           | you give a financial state   | ment to anyone about your business? Include all financial  |
| _        | No.  | ·                               |                              |  |
|          |  |                                 |                              |  |
| Ш        | Yes. Fill in the details                           |                                 |                              |  |
|          |  | Date is:                        | sued                         |  |
| Part 12  | 2: Sign Below                                      |                                 |                              |  |
|          |  |                                 |                              |  |
|          |  |                                 | <del>_</del>                 | ments, and I declare under penalty of perjury that the<br>ncealing property, or obtaining money or property by fraud |
|          |  |                                 | _                            | prisonment for up to 20 years, or both.  |
|          | .S.C. §§ 152, 1341, 1                              | • •                             | ines up to \$250,000, or in  | prisonnent for up to 20 years, or both.  |
| 10 0     | .0.0. 99 102, 1041, 10                             | 515, and 5571.                  |                              |  |
|          |  |                                 |                              |  |
| 4.0      |  |                                 | 4.0                          |  |
| X        | /s/ Syreeta Hartle                                 |                                 | _ 🗶                          | <del></del>  |
|          | Signature of Debtor                                | 1                               | Signat                       | ure of Debtor 2  |
|          |  |                                 |                              |  |
|          | Date 05/09/2017                                    |                                 | Date                         |  |
|          | MM / DD / `  | YYYY                            | Date _                       | MM / DD / YYYY   |
|          | 101101 7 000 7                                     |                                 |                              | MM 7 55 7 1111   |
|          |  |                                 |                              |  |
| Did      | you attach additional                              | I pages to Your Statement of    | of Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)?   |
| _        |  |                                 |                              |  |
|          | No   |                                 |                              |  |
|          | Yes  |                                 |                              |  |
| Did v    | vou pay or agree to p                              | oay someone who is not an       | attorney to help you fill o  | ut bankruptcy forms?   |
| _        |  | ,                               |                              |  |
|          | No   |                                 |                              |  |
|          | Yes. Name of persor                                | n                               |                              | Attach the Bankruptcy Petition Preparer's Notice,  |
|          |  |                                 |                              | Declaration, and Signature (Official Form 119).  |

| Fill in this ir          | formation to identify your case:           | 2.1 Filed 05/15/17 Entered 05/15/13<br>3 of 67  | 7 11:36:33 Desc Main  |
|--------------------------|--|---|---|
| Debtor 1                 | Syreeta                                    | Hartley   |   |
|                          | First Name Middle Name                     | Last Name   |   |
| Debtor 2                 |  |   |   |
| (Spouse, if filing)      | First Name Middle Name                     | Last Name   |   |
| United States            | Bankruptcy Court for the : <u>NORTHERN</u> | District of <u>ILLINOIS</u> (State)   | <b>—</b>  |
| Case Numbe<br>(If known) | r  |   | ☐ Check if this is an amended filing                        |
| Official F               | orm 108                                    |   |   |
| Stateme                  | nt of Intention for Indi                   | viduals Filing Under Chapter 7  | 12/1  |
| =                        | dividual filing under chapter 7, you mu    | st fill out this form if:   |   |
|                          | ve claims secured by your property, or     | not expired   |   |
| =                        | sed personal property and the lease ha     | is not expired.<br>Ifter you file your bankruptcy petition or by the date set for the | e meeting of creditors.                                     |
|                          | •  | e for cause. You must also send copies to the creditors and le                        | · · ·   |
|                          |  | e, both are equally responsible for supplying correct informati                       | -   |
| Both debtors n           | nust sign and date the form.               |   |   |
| Be as complete           | e and accurate as possible. If more spa    | ce is needed, attach a separate sheet to this form. On the top                        | of any additional pages,                                    |
| write your nam           | e and case number (if known).              |   |   |
| Part 1:                  | List Your Creditors Who Have Secured Cl    | aims  |   |
| For any cre information  | =  | dule D: Creditors Who Have Claims Secured by Property (Offic                          | cial Form 106D), fill in the                                |
| Identify the             | creditor and the property that is collate  | eral What do you intend to do with the proper secures a debt?                         | ty that Did you claim the property as exempt on Schedule C? |
| Creditor's               | 3  | ☐ Surrender the property  | □ No  |
| name:                    | Credit Acceptance                          | Retain the property and redee   | em it Yes   |
| Docorintio               | on of 2014 Chevrolet Equinox with ov       | Petain the property and enter   | 100   |
| Description property     | miles                                      | Reaffirmation Agreement.  |   |
| securing                 | debt:                                      | Retain the property and [expla  | ain]:   |
|                          |  |   |   |
| Creditor's               | )  | Surrender the property  | ☐ No  |
| name:                    |  | Retain the property and redee   | em it Yes   |
| Description              | on of                                      | Retain the property and enter   |   |
| property                 | 511 61                                     | Reaffirmation Agreement.  |   |
| securing                 | debt:                                      | Retain the property and [expla  | ain]:   |
|                          |  |   |   |
| Creditor's               | <u> </u>                                   | Surrender the property  | □ No  |
| name:                    |  | Retain the property and redee   | em it   |
| Description              | of   | Retain the property and enter   | □ 163   |
| Description property     | on of                                      | Reaffirmation Agreement.  |   |
| securing                 | debt:                                      | Retain the property and [expla  | ainl:   |
|                          |  |   | <u>, ——</u>   |
| Creditor's               | 3  | Surrender the property  | <br>∏ No  |
| name:                    |  | Retain the property and redee   |   |
|                          | •  | Retain the property and enter   | ☐ 1C3   |
| Description              | on ot                                      | Reaffirmation Agreement.  |   |
| property securing        | debt:                                      | Retain the property and [expla  | ainl:   |
| Journing                 | ~~~.                                       |   | ~···1·  |

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- Document Page 54 of 6 7 yumber (if known) Doc 1 Desc Main Syreeta Debtor 1 ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ■ No Lessor's name: ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. 🗶 /s/ Syreeta Hartley Signature of Debtor 1 Signature of Debtor 2 Date \_Dated: 05/09/2017 Date MM / DD / YYYY MM / DD / YYYY

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re | 2                                |                                       |  |               |                             |    |
|-------|----------------------------------|---------------------------------------|--|---------------|-----------------------------|----|
| Syre  | eta Hartley /                    | Debtor                                |  | Case No:      |                             |    |
|       |                                  |                                       |  | Chapter:      | Chapter 7                   |    |
|       |                                  | DISCLOSURE (                          | OF COMPENSATION OF ATTORNEY  | Y FOR DEI     | BTOR                        |    |
| com   | pensation paid                   | to me within one year before the fil  | 2. 2016(b), I certify that I am the attorney ling of the petition in bankruptcy, or agree a contemplation of or in connection with | ed to be paid | d to me, for services       | ha |
|       | For legal serv                   | ices, I have agreed to accept         | \$1,500.00   |               |                             |    |
|       | Prior to the fil                 | ling of this statement I have receive | ed <b>\$1,500.00</b>   |               |                             |    |
|       | Balance Due                      |                                       | \$0.00   |               |                             |    |
| 2.    | The source of                    | the compensation paid to me was:      |  |               |                             |    |
|       | Debtor(s                         | Other: (specify)                      |  |               |                             |    |
| 3.    | The source of                    | compensation to be paid to me is:     |  |               |                             |    |
|       | Debtor                           | (s) Other: (specify)                  |  |               |                             |    |
| 4.    | I have not of my law             | _                                     | ed compensation with any other person ur   | nless they ar | re members and associate    | :S |
| [     | _                                |                                       | ompensation with a other person or person ogether with a list of the names of the peo  |               |                             | s  |
|       | In return for th case, including | <del>-</del>                          | ed to render legal service for all aspects of  | f the bankru  | ptcy                        |    |
|       | a. Analysis o                    |                                       | and rendering advice to the debtor in dete   | rmining wh    | ether to file a petition in |    |
|       | -                                |                                       | ules, statements of affairs and plan which   | may be req    | uired;                      |    |
|       | , ,                              | * /*                                  | osed fee does not include the following se   | rvice:        |                             |    |
|       | Fee does NOT                     | include any work done post-filing.    |  |               |                             |    |
|       |                                  | _                                     | CERTIFICATION  |               |                             |    |
|       | pa                               |                                       | omplete statement of any agreement or arrithe debtor(s) in this bankruptcy proceeding  | -             | or                          |    |
|       |                                  | Date: 05/15/2017                      | /s/ Tarek Muhammad Khalil  |               |                             |    |
|       |                                  | Date                                  | Signature of Attorney  | _             |                             |    |
|       |                                  |                                       | Geraci Law I. I. C   |               |                             |    |

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Name of law firm

### Geraci Law Doc Onditinois Indiana 6/Visconsin

Headquarters: 55 E. Monroe Street, #3400 Chicago, IL 60603 866.925.0707 CLIENT CORNER WWW.INFOTAPES.COM

Date: 5/9/2017

Consultation Attorney: **JMV** 

Record #: 744-725



#### Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$\frac{1,500.00}{2}\$ at \$\{}\text{ boday, \$\{} preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance:   |
|--|
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.   |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.   |
| <b>Termination</b> . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. <b>Wisconsin</b> : We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.  |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge: Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course.  I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts |
| Date: 5/9//7 Syrepter Fartley (Debtor) X (Joint Debtor)  |
|  |

Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 161112

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Syreeta Hartley / Debtor | Bankruptcy Docket #: |
|--------------------------|----------------------|
|                          | Judge:               |

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/09/2017 /s/ Syreeta Hartley

**Syreeta Hartley** 

X Date & Sign

Record # 744725 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Desc Main

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

#### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

B 201A (Form 201A) (11/11) 744725 Page 1 of 2 Record #

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Form B 201A, Notice to Consumer Debtor(s)

In re Syreeta Hartley / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 05/09/2017 | /s/ Syreeta Hartley             |  |
|-------------------|---------------------------------|--|
|                   | Syreeta Hartley                 |  |
| Dated: 05/15/2017 | /s/ Tarek Muhammad Khalil       |  |
|                   | Attorney: Tarek Muhammad Khalil |  |

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| obtor 1                                 | Syreeta  | Hartley  | Case Number (if k   | nown)  |  |  |  |
|---|--|--|---|--|--|--|--|
| ebtor 1                                 | First Name   | Middle Name Last Name  |   |  |  |  |  |
| Part 6                                  | : Answer These Questions                           | s for Reporting Purposes   |   |  |  |  |  |
| 16. <b>V</b>                            | /hat kind of debts do<br>ou have?                  | 160 Are your debts primarily 0   | consumer debts? Consumer debts are defiring in the consumer debts are defiring in the consumer debts are defined in the consumer debts are defined in the consumer debts. | ned in 11 U.S.C. § 101(8)<br>urpose."                          |  |  |  |
|   |  | Yes. Go to line 17.  |   |  |  |  |  |
|   |  | 16b. Are your debts primarily be money for a business or inves   | ousiness debts? Business debts are debts trends the busines transfer of the busines   | that you incurred to obtain as or investment.                  |  |  |  |
|   |  | No. Go to line 16c. Yes. Go to line 17.  |   |  |  |  |  |
|   |  | 16c. State the type of debts you ov  | ve that are not consumer debts or business d  | ebts.  |  |  |  |
|   |  |  |   |  |  |  |  |
|   | Are you filing under<br>Chapter 7?                 | ☐ No. I am not filing under Cha  |   |  |  |  |  |
| г                                       | Oo you estimate that after                         | Yes. I am filing under Chapte administrative expenses  | er 7. Do you estimate that after any exempt p<br>s are paid that funds will be available to distrik   | roperty is excluded and<br>oute to unsecured creditors?        |  |  |  |
| a                                       | any exempt property is                             | No.  |   |  |  |  |  |
|   | excluded and<br>administrative expenses            | Yes.   |   |  |  |  |  |
| a                                       | are paid that funds will be                        | []1eo.   |   |  |  |  |  |
|   | available for distribution to unsecured creditors? |  |   |  |  |  |  |
|   | How many creditors do                              | <b>1</b> -49   | 1,000-5,000   | 25,001-50,000  |  |  |  |
|   | you estimate that you                              | 50-99  | 5,001-10,000  | ☐ 50,001-100,000<br>☐ More than 100,000                        |  |  |  |
|   | owe?   | ☐ 100-199<br>☐ 200-999   | 10,001-25,000   |  |  |  |  |
| 4.0                                     | How much do you                                    | \$0-\$50,000   | ☐ \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                     |  |  |  |
| §                                       | How much do you estimate your assets to            | \$50,001-\$100,000   | ☐ \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                                   |  |  |  |
| ŧ                                       | be worth?  | \$100,001-\$500,000  | \$50,000,001-\$100 million  | ☐\$10,000,000,001-\$50 billion<br>☐More than \$50 billion      |  |  |  |
|   |  | ☐ \$500,001-\$1 million  | □ \$100,000,001-\$500 million   |  |  |  |  |
| 20.                                     | How much do you                                    | \$0-\$50,000   | □ \$1,000,001-\$10 million  | ☐\$500,000,001-\$1 billion<br>☐\$1,000,000,001-\$10 billion    |  |  |  |
| ş — - ·                                 | estimate your liabilities                          | <b>\$50,001-\$100,000</b>  | \$10,000,001-\$50 million   | \$10,000,000,001-\$50 billion                                  |  |  |  |
|   | to be?   | \$100,001-\$500,000  | \$50,000,001-\$100 million \$100,000,001-\$500 million  | ☐ More than \$50 billion                                       |  |  |  |
|   |  | □ \$500,001-\$1 million  | ☐ \$100,000,001-\$300 Hillion   |  |  |  |  |
| Part                                    | 7: Sign Below                                      |  |   |  |  |  |  |
| For                                     | уои  | correct.   | I declare under penalty of perjury that the inf   |  |  |  |  |
|   |  | of title 11, United States Code. I u<br>under Chapter 7.   | pter 7, I am aware that I may proceed, if eligit<br>understand the relief available under each cha  | apter, and renesses to proceed                                 |  |  |  |
|   |  | If no attorney represents me and this document, I have obtained ar   | I did not pay or agree to pay someone who is<br>nd read the notice required by 11 U.S.C. § 34   | not an attorney to help me fill out<br>2(b).                   |  |  |  |
| *************************************** |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |  |  |  |  |
|   |  | I understand making a false state<br>with a bankruptcy case can result<br>18 U.S.C. §§ 152, 1341, 1519, and  | ment, concealing property, or obtaining mone<br>t in fines up to \$250,000, or imprisonment for<br>ad 3571.   | ey or property by fraud in connection up to 20 years, or both. |  |  |  |
| *************************************** |  | Signature of Debtor 1  | Sign  | nature of Debtor 2   |  |  |  |
| *************************************** |  | · · · · · · · · · · · · · · · · · · ·  | ) /2017 Fxe   | ecuted on  |  |  |  |
|   |  | Executed on  | 1/2   | MM / DD / YYYY   |  |  |  |

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|  |   |  | Document   | Page 61 of 67   | ,   |                     |
|--|---|--|--|---|---|---------------------|
| Sill to Allia in   | formation to identify yo  | our case.  |  |   |   |                     |
| Fill in this in  | Tormation to identity yo  | Juli Casc.   |  |   |   |                     |
| Debtor 1   | Syreeta   |  | Hartley  |   |   |                     |
| Deptor 1   | First Name  | Middle Name  | Last Name  |   |   |                     |
| Debtor 2   |   |  |  | _   |   |                     |
| (Spouse, if filing)  | First Name  | Middle Name  | Last Name  |   |   |                     |
| United States  | Bankruptcy Court for the:   | NORTHERN District of   | f_ILLINOIS_  |   |   |                     |
| Case Numbe   |   |  | (State)  |   | П   | Check if this is an |
| (If known)   |   |  |  |   | _   | amended filing      |
|  |   |  |  |   |   |                     |
|  |   |  |  |   |   |                     |
|  |   |  |  |   |   | •                   |
| Official F   | orm 106 Dec   |  |  |   |   | •                   |
|  | orm 106 Dec   | n Individual   | Debtor's Scl   | hedules   |   | 12/15               |
| Declara  | tion About a  | n Individual   |  |   |   | 12/15               |
| Declara  If two married  | tion About a  | er, both are equally res   | ponsible for supplying   | g correct information.  |   |                     |
| Declara  If two married  You must file to obtaining mon                          | people are filing togeth  | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba                      | ponsible for supplying   |   | ment, concealing propert<br>0, or imprisonment for up | y, or               |
| Declara  If two married  You must file to obtaining mon                          | people are filing togeth  | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba                      | ponsible for supplying   | g correct information.  | ment, concealing propert<br>0, or imprisonment for up | y, or               |
| Declara  If two married  You must file to obtaining mon years, or both.          | people are filing togeth<br>his form whenever you<br>ey or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>Sign Below | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba                      | ponsible for supplying<br>ules or amended sched<br>ankruptcy case can re | g correct information.<br>Jules. Making a false state<br>sult in fines up to \$250,000                                      | ment, concealing propert<br>0, or imprisonment for up | y, or               |
| Declara  If two married  You must file to obtaining mon years, or both.          | people are filing togeth<br>his form whenever you<br>ey or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>Sign Below | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba<br>, 1519, and 3571. | ponsible for supplying<br>ules or amended sched<br>ankruptcy case can re | g correct information.<br>Jules. Making a false state<br>sult in fines up to \$250,000                                      | ment, concealing propert<br>0, or imprisonment for up | y, or               |
| Declara  If two married  You must file tobtaining monyears, or both.  Did you pa | people are filing togethes this form whenever you ey or property by fraud .18 U.S.C. §§ 152, 1341, Sign Below         | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba<br>1519, and 3571.   | ponsible for supplying<br>ules or amended sched<br>ankruptcy case can re | g correct information.  dules. Making a false state sult in fines up to \$250,000  ut bankruptcy forms?  Attach <i>Bank</i> | cruptcy Petition Preparer's                           | y, or<br>to 20      |
| Declara  If two married  You must file tobtaining monyears, or both.  Did you pa | people are filing togeth<br>his form whenever you<br>ey or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>Sign Below | er, both are equally res<br>file bankruptcy schedu<br>in connection with a ba<br>1519, and 3571.   | ponsible for supplying<br>ules or amended sched<br>ankruptcy case can re | g correct information.  dules. Making a false state sult in fines up to \$250,000  ut bankruptcy forms?  Attach <i>Bank</i> |   | y, or<br>to 20      |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and

Signature of Debtor 2

MM / DD / YYYY

correct.

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| <b>5</b> -1-4 4 | Syreeta   |  | Hartley   | Case Number (if known)                              |
|-----------------|---|--|---|---|
| Debtor 1        | First Name  | Middle Name  | Last Name   |   |
| in              | Yes. Check all that lithin 2 years before astitutions, creditors, | or other parties.  |   | o anyone about your business? Include all financial |
|                 | Yes. Fill in the deta   | illS.<br>Date issu   | red .   |   |
|                 |   | <i>Date</i> is a   |   |   |
| Part            |   |  |   |   |
| ane in 4        | Swers are true and connection with a bat U.S.C. §§ 152, 1341,     | orrect. I understand that makin<br>inkruptcy case can result in fir<br>1519, and 3571. | ng a false statement, conceaunt nes up to \$250,000, or imprisor  Signature of Date | DD / YYYY   |
|                 | No  | nal pages to <i>Your Statement</i> o   | f Financial Affairs for Individu  | als Filing for Bankruptcy (Official Form 107)?      |
| -               | Yes   |  |   |   |
| Di              | d you pay or agree to   | o pay someone who is not an  | attorney to help you fill out ba  | nkruptcy forms?                                     |
|                 | No  |  |   | Attach the Bankruptcy Petition Preparer's Notice,   |
|                 | Yes. Name of pers   | son  |   | Declaration, and Signature (Official Form 119).     |

|                    | Case 17-15058                     | Doc 1                  | Filed 05/15/17<br>Document   | Entered 05/15/17 11:36:3<br>Page 63 of 67          | 3 Desc Main                |
|--------------------|-----------------------------------|------------------------|------------------------------|--|----------------------------|
|                    | Rame Middle Name                  |                        | Hartley  Last Name           | Case Number (if known)                             |                            |
| First t            |                                   |                        |                              |  |                            |
| art 2:             | List Your Unexpired Personal Pro  |                        |                              | (Official Form 1                                   | nec)                       |
| any unex           | pired personal property lease th  | at you listed in       | Schedule G: Executory Co.    | ntracts and Unexpired Leases (Official Form 1      | vet                        |
| in the info        | rmation below. Do not list real e | state leases. <i>U</i> | nexpired leases are leases t | that are still in effect; the lease period has not | ,                          |
| led. You n         | nay assume an unexpired persor    | iai property lea       | ise ii the Hustee does not a |  |                            |
| Deserbe            | your unexpired personal proper    | tv leases              |                              |  | Will the lease be assumed? |
| Allinia i          |                                   | •                      |                              |  | □ No                       |
| Lessor's           | name:                             |                        |                              |  | Yes                        |
| Descript           | tion of leased                    |                        |                              |  | <u> </u>                   |
| property           |                                   |                        |                              |  |                            |
|                    |                                   |                        |                              |  | □ Na                       |
| Lessor's           | s name:                           |                        |                              |  | □ No                       |
|                    |                                   |                        |                              |  | Yes                        |
| -                  | tion of leased                    |                        |                              |  |                            |
| property           |                                   |                        |                              |  |                            |
| Lessor's           | s name:                           |                        |                              |  | □No                        |
|                    |                                   |                        |                              |  | Yes                        |
| Descrip            | tion of leased                    |                        |                              |  |                            |
| property           | y: .                              |                        |                              |  |                            |
| Lessor's           | name:                             |                        |                              |  | □No                        |
|                    | 5 Hame.                           |                        |                              | P.   | □Yes                       |
| Descrip            | ition of leased                   |                        |                              |  |                            |
| property           |                                   |                        |                              |  |                            |
|                    |                                   |                        |                              |  | □No                        |
| Lessor's           | s name:                           |                        |                              |  | □Yes                       |
| Descrin            | otion of leased                   |                        |                              |  | <u> </u>                   |
| property           |                                   |                        |                              |  |                            |
|                    |                                   |                        |                              |  | □No                        |
| Lessor'            | 's name:                          |                        |                              |  |                            |
|                    |                                   |                        |                              |  | Yes                        |
| Descrip<br>propert | otion of leased                   |                        |                              |  |                            |
| proport            | · y ·                             |                        |                              |  |                            |
| Lessor'            | 's name:                          |                        |                              |  | No                         |
|                    |                                   |                        |                              |  | Yes                        |
| -                  | otion of leased                   |                        |                              |  |                            |
| propert            | ty:                               |                        |                              |  |                            |
|                    | •                                 |                        |                              |  |                            |
| Part 3:            | Sign Below                        |                        |                              |  |                            |
|                    |                                   | a indicated my         | intention about any proper   | ty of my estate that secures a debt and any        |                            |

Signature of Debtor 2

Date\_ MM / DD / YYYY Case 17-15058 Doc 1 Filed 05/15/17 Entered 05/15/17 11:36:33 Desc Main

Document Page 64 of 67 DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis
  Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have
  decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
  other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case

bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MARE SURE OUR PETITION IS ACCURATE!!!!

Dated: // /2017

Syreeta Hartley

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Syreeta Hartley / Debtor

Bankruptcy Docket #:

Judge:

## VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Syreeta Hartley

X Date & Sign

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| Debtor 1                                | Syreeta                                     |  | Hartley                       | . Case Number (if known)            |  |  |
|---|---|--|-------------------------------|-------------------------------------|--|--|
|   | First Name                                  | Middle Name  | Last Name                     |                                     |  | ***************************************  |
|   |   |  |                               | Column A Debtor 1                   | Column B Debtar 2 or non-filing spouse |  |
|   |   |  |                               | \$0.00                              | \$0.00                                 |  |
| D                                       | mployment compen                            | if you contend that the amount received  | d was a benefit               |                                     |  |  |
| unde                                    | er the Social Security                      | Act. Instead, list it here:  |                               |                                     |  |  |
| For                                     | you   |  |                               |                                     |  | ***************************************  |
|   |   |  |                               |                                     |  | ***************************************  |
| ben                                     | efit under the Social                       |  |                               | \$0.00                              | \$0.00                                 | ***************************************  |
| Do                                      | not include any bene                        | cources not listed above. Specify the sofits received under the Social Security the, a crime against humanity, or internation, the social security to the social security that is the social security to the social security that is the social security to the social security that is the social security to the social security that is the social security to the social security that is the social s | tional or domestic            |                                     |  | WOODDOORS CONTRACTOR C |
|   |   | list other sources on a separate page a  | ind put the total on line 100 | \$0.00                              | \$ 0.00                                |  |
| 3                                       |   |  |                               | \$ 0.00                             | \$0.00                                 | *  |
|   |   | annual pages if any  |                               | \$0.00                              | \$0.00                                 |  |
| •                                       |   | separate pages, if any.  |                               |                                     | \$0.00 =                               | \$4,726.02   |
| 11. Cal                                 | culate your total cu<br>umn. Then add the t | rrent monthly income. Add lines 2 thro<br>otal for Column A to the total for Colum   | n B.                          | \$4,726.02                          | - L                                    | <del>44</del> ,120.02  |
|   | <u> </u>                                    |  |                               |                                     |  |  |
| Part                                    | 2 Determine W                               | hether the Means Test Applies to You   |                               |                                     | <del> </del>                           |  |
| 12. Ca                                  | culate your current                         | monthly income for the year. Follow t  | these steps:                  | Cany line 11 here                   | 12a.                                   | \$4,726.02   |
| 12a                                     |   | urrent monthly income from line 11   |                               | Copy line 11 here                   | . ——· .                                | x 12   |
|   |   | e number of months in a year).   |                               |                                     | 12b.                                   | \$56,712.24  |
| 120                                     | . The result is you                         | r annual income for this part of the form  | 1.                            |                                     | 120.                                   | ΨJU, / 1Σ.ΣΤ   |
| 13. Ca                                  | iculate the median                          | family income that applies to you. Fol   | low these steps:              |                                     |  |  |
| Fil                                     | I in the state in which                     | ı vou live.  | IL                            | 7                                   |  |  |
| *************************************** |   |  |                               | 1                                   |  |  |
| Fil                                     | I in the number of pe                       | ople in your household.  | 2                             | _                                   | Γ                                      |  |
| · +-                                    | find a list of applica                      | y income for your state and size of hou<br>ble median income amounts, go online<br>n. This list may also be available at the   | using the link specified in t | he separate                         | 13.                                    | \$66,487.00  |
|   | ow do the lines com                         |  |                               |                                     |  |  |
| 14                                      | Go to Part 3.                               | s than or equal to line 13. On the top of  |                               |                                     |  |  |
| 14                                      | b. Line 12b is mo<br>Go to Part 3 a         | ore than line 13. On the top of page 1, c<br>nd fill out Form 122A-2.  | heck box 2, The presump       | tion of abuse is determined by Form | 122A-2.                                |  |
| Pan                                     |   |  |                               |                                     |  |  |
| **********                              | By signing here                             | I declare under penalty of perjury that  | the information on this stat  | ement and in any attachments is tru | e and correct.                         |  |
| *************************************** |   | onttu  | Oliona .                      |                                     |  |  |
|   |   | Syreeta Hartley  |                               |                                     |  |  |
|   | Date::                                      |  |                               |                                     |  |  |
|   |   | ine 14a, do NOT fill out or file Form 122  |                               |                                     |  |  |
| 1                                       | if you checked                              | ine 14b, fill out Form 122A-2 and file it  | with this form.               |                                     |  |  |

Form B 201A, Notice to Consumer Debtor(s)

In re Syreeta Hartley / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: / /2017

Syreeta Hartley

X Date & Sign

Dated: 5 / 9 /2017

Attorney: Tarek Muhammad Khalil